

Billings Metro VISTA Project

Methamphetamine & Opioid Response Initiative: A Community Assessment

July 2019

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EXECUTIVE SUMMARY

There has been an increase in rates of violent crime and drug abuse, particularly methamphetamine abuse, in Yellowstone County in recent years. While there are many organizations and non-profits working to help individuals and families struggling with addiction, much work has yet to be done. In July 2018, the Billings Metro VISTA Project began a three-year AmeriCorps VISTA (Volunteers in Service to America) project to better understand and begin addressing these issues. The goal of the **Methamphetamine & Opioid Response Initiative** is to reduce the use of methamphetamine and opioids in our community. VISTAs Nick Fonte and Amy Trad worked in collaboration with Substance Abuse Connect (coordinated by the United Way of Yellowstone County), the Billings Police Department, and numerous other local non-profits and addiction treatment facilities to gather vital data and inform the community about the current state of the city's battle with drugs and substance abuse.

This report summarizes pre-existing relevant data, as well as new findings gathered from the Billings Police Department, Project Safe Neighborhoods, Substance Abuse Connect focus groups and interviews, and the VISTA Individual Survey. The report was written in conjunction with the *Substance Abuse Connect Community Level Needs Assessment*, published by Substance Abuse Connect, which is now in a strategic planning phase that will continue throughout the fall of 2019. These two assessments will serve as the foundation for future VISTAs working on the Methamphetamine and Opioid Response Initiative. VISTAs will continue to support the efforts of this coalition.

VISTAs identified both successes and gaps in conversations, law enforcement initiatives, intervention strategies, treatment options, and availability of resources throughout the community. Throughout the year, a few important themes became evident. First, addiction is a disease that is rooted in trauma, often experienced during childhood. If the community is determined to reduce the number of future addicted persons, childhood trauma must be addressed more effectively. Second, addiction is marked by significant changes in brain chemistry. As a chronic disease, substance use disorder requires treatment of some kind, and a lifelong commitment to recovery. Understanding that addiction is caused by both external and internal factors, a multifaceted approach to address addiction is necessary to reduce the use of methamphetamine and opioids in the community.

INTRODUCTION

Section 1: Area of Study

While opioids have been making headlines across the United States in recent years, the state of Montana is disproportionately affected by a different drug. That drug is methamphetamine. Methamphetamine is a fully synthetic drug that can be manufactured using a wide variety of household chemicals and goes by many different street names including crank, meth, ice, and crystal. Methamphetamine is a powerful stimulant that causes users to experience overwhelming euphoria, focus, energy, and excitement. The methamphetamine on the streets in cities throughout Montana is no longer being produced in household meth labs as it once was, but is now produced in methamphetamine “superlabs” across our nation’s southern border in Mexico. Opioids are also an issue throughout Montana, but the methamphetamine is much more prevalent, especially within Yellowstone County.

Known as “the Trailhead to Montana,” Billings is located in south-central Montana in Yellowstone County, the largest county in the state. With 160,137 people, Yellowstone County accounts for about 15% of the entire state’s population. Known for its frontier culture, Montana has a few large cities surrounded by smaller towns, rural farms and ranches, and wilderness. As the largest city in the state, Billings, with a population of 109,550, is both a social and economic hub for the region. Two of the largest racial populations in Billings are White and Native American at 86% and 4.4% respectively. Due to two neighboring Native American reservations, the Crow and the Northern Cheyenne, many residents from these communities come to Billings to access businesses, retail shops, and health services. Both reservations are dry, meaning they do not allow the sale of alcohol, and thus Billings is seen by many as a place to party with its downtown area containing numerous bars, casinos, and liquor stores. Not only is consumption of alcohol highly normalized, but there is a high poverty rate of 10.8% in the city, and a large market for illicit substances.¹

Drugs such as heroin, methamphetamine, and opiates, can be cheaply bought in places like Las Vegas, California, and Washington and are brought to Billings to be distributed throughout the region. Yellowstone County district attorney Scott Twito estimates that one pound of methamphetamine can sell for \$11,000 to \$14,000 in Billings, but can be purchased for as little as \$2,000 to \$3,000 in Las Vegas or Southern California.² This enormous profit potential keeps the influx of methamphetamine into the city steady. There is a clear demand for the drug, and no shortage of supply; this supports a large population of methamphetamine users. Of the average 29 foster care cases per month that Court Appointed Special Advocate (CASA) Volunteers work with, about 22 of them have parents who are using methamphetamine.³ Most methamphetamine users do not begin using methamphetamine, but instead start experimenting at a young age with drugs like alcohol and marijuana.

While youth 30 day substance use trends related to alcohol and marijuana have been declining in the state of Montana, they have been rising in Yellowstone County. According to the Youth Risk Behavior Surveillance System survey, Past 30 Day Alcohol Use and Past 30 Day Marijuana use has increased among high school students in recent years.⁴ Since medical marijuana was legalized in Montana in 2004, and marijuana was legalized for recreational use in Colorado in 2012, there has been an increase in the

¹ Demographic data from www.census.gov

² Presentation by Scott Twito on Drugs, Crime, and Border Security on February 21, 2019

³ CASA of Yellowstone County estimates

⁴ Youth Risk Behavior Survey, 2009-2017, Centers for Disease Control and Prevention, Received from the Montana Office of Public Instruction

availability of this substance in Yellowstone County. High rates of underage drinking and drug use deemed a social host ordinance necessary in 2009.⁵ This city ordinance fines adults hosting parties where underage drinking takes place, and was created to encourage parents to dissuade their children to engage in these destructive behaviors.

There is a strong correlation between mental health issues and substance abuse, and in Billings there is a shortage of mental health services.⁶ This is exemplified by high rates of individuals seeking mental health services from emergency rooms in hospitals throughout the city. Unfortunately, Montana also has the highest suicide rate in the nation, at a rate of 28.9/100,000.⁷

While substance use is a problem across the state, the Billings Metro VISTA Project's Methamphetamine and Opioid Response Initiative is focused on reducing the use of methamphetamine and opioids in Yellowstone County.

Section 2: Methamphetamine vs. Opioids

The following is a breakdown of some of the characteristics of each of these drugs. A table of this information can be found in the Tables and Figures section on page 52.

Methamphetamine (meth) is a highly addictive stimulant, typically found as a white crystalline substance that can be smoked, snorted, or melted down and injected. A methamphetamine high can last for days and is characterized by paranoid and erratic behavior. Because meth increases the user's dopamine levels so dramatically, continued use is often likened to "Chasing the Dragon," which refers to trying to recreate the user's first high. Dopamine levels are discussed further in the Discussion section.⁸

Opioid addiction can be characterized by abusing prescription pain killers such as oxycodone, morphine, or hydrocodone, or by using illicit street drugs such as heroin and fentanyl. An opioid high is much different than a methamphetamine high because opioids are a central nervous system depressant. Rather than chasing the first high, many opiate addicts will eventually experience severe withdrawals, taking the form of awful flu-like symptoms. This is sometimes known as being "dopesick." Users often develop a tolerance to these drugs that lead them to need ever increasing amounts of the drug to get the same effect.⁹ Overdosing on opiates is unfortunately very common, because high doses can stop one's ability to breathe. Overdoses have been more common in recent years as drug dealers have begun to add fentanyl to their heroin supply. Fentanyl is a fully synthetic opioid that is up to 100 times more powerful than morphine. Every day, an average of 130 people die in the US after overdosing on opioids.¹⁰

⁵ City of Billings Ordinance NO. 09-5491

⁶ Substance Use SBIRT: Landscape Scan and Recommendations to Increase the Use of SBIRT in Montana, Montana Health Care Foundation, June 2018 (pg. 15)

⁷ Centers for Disease Control and Prevention National Center for Health Statistics

⁸ National Institute on Drug Abuse, Methamphetamine Search

⁹ National Institute on Drug Abuse, Opioids Search

¹⁰ Centers for Disease Control and Prevention, Opioid Overdose

KEY STAKEHOLDERS

Section 1: Community Organizations/Non-profits

Rimrock: “Rimrock is the largest treatment center in the region, serving adults and adolescents with substance use and co-occurring disorders.”¹¹ Being the largest addiction treatment center in the region, Rimrock is one of the biggest players in the field of addiction treatment and is a vital piece of the recovery community. Rimrock offers a range of services for people struggling not just with substance abuse disorder, but also with eating disorders, gambling addictions, and co-occurring disorders. The organization offers inpatient, day treatment, outpatient services, family therapy, chemical dependency assessments, DUI school, medical detoxification, long-term residential care for mothers with children, re-entry programs, and adolescent programs. Rimrock recently relinquished control of a number of sober living houses that accommodated both men, women, and mothers with children. This happened in late 2018 and has made the conversation surrounding sober living in Billings even more important. Rimrock routinely holds educational events about addiction and co-occurring disorders in the community and has counselors in a number of public schools throughout the city.

Community Crisis Center (CCC): The Crisis Center “provides assessment and referral services, including case management, to peoples in crisis who need access to integrated mental health, chemical dependency and social services.”¹² The Crisis Center was founded in a joint effort by RiverStone Health, Billings Clinic, St. Vincent’s Healthcare, and the Mental Health Center to reduce the number of people using emergency rooms for substance abuse and mental health services. It is also an alternative option to jail for law enforcement when specific persons may not need to be incarcerated but instead require crisis intervention care and referral services. The Crisis Center is open 24 hours a day, 365 days a year, and can handle people with a variety of problems while treating everyone with the respect they deserve. The CCC’s staff believe in a “no wrong-door policy” where they “meet people where they are at” in their current state. In addition to screening and referral services, the Crisis Center can also stabilize patients for 23 hours and 59 minutes if they meet certain criteria for admittance. Part of the admittance process is a health screening by an RN (registered nurse) to ensure that all persons admitted for care are medically stable. Unfortunately, the Crisis Center is limited to 18 beds for occupants to stay, which is especially problematic during the winter months when many people who have no home need a place to stay warm at night. To address this problem, in the winter of 2019, the Crisis Center created a new program called The My Backyard Initiative where other local organizations (mainly churches) open their doors to low-risk/low-need patients screened by the Crisis Center to provide more options for at-risk persons so that they do not freeze on the streets. This program utilizes volunteers from the community to provide a warm, safe place for some on nights when the temperature drops below freezing. The Crisis Center also holds “dual-recovery” meetings twice a week that are open to the public for anyone experiencing mental health and/or addiction issues. VISTAs attended these meetings for many months in an attempt to gain an understanding of the individuals who access these services and their unique struggles with mental health and addiction. The VISTA Individual Survey was also administered to a number of individuals who attended these group meetings.

The HUB: “The HUB is a drop-in center serving both the homeless and the at-risk of becoming homeless population by acting as a resource site for individuals in the community while promoting a motivational environment. [They] assist with information about housing, Food Stamps, Supplemental Security Income (SSI), Social Security Disability (SSDI), homeless shelters, health care providers and other community

¹¹ Rimrock Website

¹² Community Crisis Center Website

resources... On a daily basis, the HUB staff provides crisis intervention and vocational opportunities while facilitating groups designed to empower individuals by expanding their social skills and increasing their ability to become more self-sufficient. Services available include one meal a day prepared and served by HUB clients, laundry facilities, mail and phone services, and access to outerwear, sleeping bags, blankets, backpacks, and hygiene products. The HUB serves an average of 130 men and women daily.”¹³ The HUB often arises in conversations about individuals loitering, panhandling, and using drugs and alcohol near the corner of N 27th St. and 6th Ave. N. However the individuals seen in this area causing problems typically are not clients of the HUB. The organization provides essential services to its clients who are working hard to better their lives. Their location is central within the city, near other important healthcare service providers, however the HUB’s proximity to gas stations that sell “tall boy” (32oz) high alcohol content beers may be somewhat to blame for problems in this area.

Alternatives Inc./Passages/Alpha House: According to the mission statement for Alternatives Inc., “We promote public safety and challenge offenders to become responsible, productive citizens through firm, fair, consistent supervision, treatment, and education.”¹⁴ Alternatives Inc. has both men’s and women’s re-entry programs that help to transition offenders from the justice system back into society. Each of these facilities, Passages (women) and Alpha House (men), has over 200 individuals who have been screened by the Department of Corrections as fit for their re-entry programs. These programs utilize high levels of supervision, education, and support to keep offenders accountable during their journey to become productive, law-abiding members of society. In addition to pre-release, Passages offers a 50 bed, 90 day Alcohol and Drug Treatment (ADT) program, and a 50 bed Assessment, Sanction, Revocation Center (ASRC) that people are referred into by the courts or Probation and Parole when revoked.

St. Vincent’s Healthcare: St. V’s is a hospital in Billings with emergency care and other services.

RiverStone Healthcare: RiverStone is a public health organization with a focus on serving “communities by providing HELP – Health, Education, Leadership and Protection. By actively engaging in community health initiatives, issues and concerns, we combine the strength of government with the power of vision in an entrepreneurial model that transforms how we think of public health.”¹⁵

Billings Clinic: Billings Clinic is a hospital in Billings with emergency care and other services.

The Phoenix: “The Phoenix offers a free sober active community to individuals who have suffered from a substance use disorder and to those who choose a sober life.”¹⁶ The Phoenix is a non-profit organization that was originally founded in Colorado and was brought to Billings in the spring of 2018. The organization creates gyms that are free to use for anyone who has 48 hours of sobriety. The gym has open gym time, Cross-Fit style fitness classes, and many outdoor activity classes such as biking and rock climbing. The current location in Billings is still fairly new and has a lot of room to increase the number of clients it serves. One of the most important things to addicts in recovery is having a group of like-minded people seeking to improve their own lives; the Phoenix has the potential to be a large community for individuals in recovery to engage in healthy, sober activities.

Tumbleweed: “Tumbleweed provides safety, assistance and hope to our community’s vulnerable and homeless youth, creating lasting life changes.”¹⁷ Tumbleweed was founded in 1976 to help at-risk youth and continues to do so to this day. The organization has many programs designed to help youth with a

¹³ Montana Health Center Website, Services

¹⁴ Alternatives Inc. Website

¹⁵ RiverStone Health Website

¹⁶ The Phoenix Website

¹⁷ Tumbleweed Program Website

variety of issues, from substance abuse to problems at home or at school. The youth Tumbleweed serves are at-risk for, or are experiencing homelessness. They have counseling, referral services, and are an advocate for ending youth homelessness in Billings.

Youth Dynamics Inc.: “Youth Dynamics provides family focused behavioral health treatment founded on the principles of an actively caring and trauma sensitive culture in which people can realize their full potential.”¹⁸ Youth Dynamics has been around since 1981 and has a variety of counseling and referral services for troubled youth. They also offer family counseling and strive to make a positive impact on the lives of these youth and their families.

Billings Police Department (BPD): AmeriCorps VISTAs volunteered to collect data under the statewide initiative Project Safe Neighborhoods through the BPD; this project has come to be known as the Billings Police Department’s Drug Data Dive. Project Safe Neighborhoods aims to find data-driven solutions to the problem of violent crime and drug addiction within local communities. Hundreds of drug offense cases were sifted through, and important data points were pulled about the types of drugs that are seized, amounts found, and demographic data about the offenders involved. Data was compiled into monthly reports and presented to the BPD records management team as they were completed.

Eastern Montana High Intensity Drug Trafficking Area (EMHIDTA) Drug Task Force: This task force is a collaborative effort between local police departments, including the Billings Police Department, Yellowstone County Sheriff’s Office, and federal law enforcement agencies including the Drug Enforcement Agency (DEA), the Federal Bureau of Investigation (FBI), and the Bureau of Alcohol, Tobacco, and Firearms (ATF). EMHIDTA targets notorious, violent drug offenders throughout this area of the state in an attempt to crack down on drug distribution and violent crime. EMHIDTA was awarded a grant that helped to form and fund Substance Abuse Connect.

Department of Corrections/ Probation and Parole (P&P): “The division provides supervision for offenders in the corrections system through probation, parole and conditional release services and oversight of the community-based programs of pre-release centers and treatment facilities.”¹⁹ Probation and parole is particularly important in Yellowstone County because the jail is currently full and can only accept offenders who are an immediate threat to public safety. This puts pressure on P&P to manage more offenders as judges sentence more people to be under their supervision. The P&P officers actively manage their clients and can mandate urinary analysis screenings, attendance to group meetings, and can help clients get access to drug treatment.

CASA of Yellowstone: CASA, which stands for Court Appointed Special Advocates, is an organization that pairs volunteers with foster youth. Many of these foster care children experience constant change in their lives and their CASA volunteers act as a constant source of stability and support and help represent these children as they are maneuvered through the foster care system.

Ideal Option & Community Medical Services: Both of these organizations offer medical treatment for people struggling with opioid and alcohol addiction, utilizing medications such as Suboxone, Buprenorphine, Vivitrol, Naltrexone, and Acamprosate.

¹⁸ Youth Dynamics Inc. Website

¹⁹ Montana Department of Corrections on Official State Website

Section 2: Statewide and Local Initiatives

Montana Meth Project: “The Montana Meth Project is a non-profit, large-scale prevention program aimed at reducing first-time teen Meth use through public service messaging, public policy, and community outreach.”²⁰ Their advertising campaigns have been shown to increase awareness of the risk of Meth use among students. The Montana Meth Project has been credited with dramatically decreasing the reported number of youth who have tried the drug in the years following its inception in 2005. Last year, the Montana Meth Project launched a new 24-part advertising and engagement campaign to reduce methamphetamine use. Building on the last “Ask MethProject.org” campaign, they are taking their digital campaign to social media. The newest effort, “ASK ME” prompts Montanans to get involved and share original stories, to put a real face on what Meth use can do to your life. Designed to spark engagement, personal accounts from users are told through on-camera interviews as teens and young adults describe their authentic experiences with Meth in poignant detail. This engaging campaign garners 1,000,000 impressions per week through social media, shares, and a small mix of traditional advertising.

Community Innovations and Motivated Addiction Alternative Program (MAAP): Community Innovations was created in October of 2014 in response to an increase in a variety of problems affecting businesses in downtown Billings. It is hosted by the Downtown Billings Alliance (DBA) and holds monthly meetings open to the public. During these meetings, “leadership from the business community, the social service sector, city government and officials, tribal leaders, law enforcement, and the faith community,” as well as concerned citizens, come together to discuss issues the downtown area faces and discuss solutions to these problems.²¹ One solution developed was the MAAP program; two resource officers and a resource outreach coordinator work within the DBA to seek out individuals in addiction to offer and promote treatment as an alternative to jail. VISTAs have attended each meeting since July 2018 and the group has helped to connect VISTAs with some of the most important stakeholders in the community. In February 2019, VISTAs gave the first “Opioids and Methamphetamine in Billings, MT” presentation to this group.

Substance Abuse Connect (SAC): Coordinated by the United Way of Yellowstone County, SAC was “organized to create a comprehensive community plan to reduce substance abuse in Yellowstone County.”²² Many of the most important organizations related to substance abuse in Billings, have representatives on this coalition. The group coordinates efforts to address drug issues in Billings. A private consultant, Katie Loveland (Loveland Consulting), was hired to perform a community assessment. VISTAs helped support this effort by providing the consultant with data gathered from the Drug Dive, and acting as support staff during numerous focus groups. *“The coalition currently has 120 members representing 58 different agencies, divisions, and independent providers (includes business, nonprofit, health, schools, government...), who are participating in some way in our assessment and planning. Our community plan will identify prevention, treatment, and enforcement strategies and we will be working to secure funding to move these forward.”* – Kristin Lundgren of the United Way of Yellowstone County

Project Safe Neighborhoods: “PSN is a reinvigorated U.S. Department of Justice initiative that identifies the most violent criminals in high-crime areas and works with federal, state and local law enforcement and community partners to develop a crime-reduction and substance abuse prevention and treatment strategy,” headed by Montana U.S. Attorney Kurt Alme.²³ (See Billings Police Department entry above.)

²⁰ Montana Meth Project Website

²¹ Downtown Billings Alliance Website, Community Innovations Page

²² United States Department of Justice Website, U.S. Attorney’s Office News Thursday, October 11, 2018

²³ United States Department of Justice Website, U.S. Attorney’s Office News Tuesday, October 16, 2018

Section 3: Substance Abuse Service Providers Concept Map

Figure 1.1 below is a concept map of how individuals with Substance Use Disorder (SUD) are connected to resources throughout Billings, as understood by VISTAs Amy Trad and Nick Fonte. Based on state 2017 estimates, 10% of Montana's population lives with drug and/or alcohol dependence. Extending this to Billings, it is estimated that 10,964 individuals live with an SUD (displayed in the largest red circle). Of these individuals, it is said that only 10% actually receive treatment, explaining the population being further divided into the smaller blue and red circles.²⁴ Individuals from these two categories can access different resources. Those who have been to treatment are connected to counseling and treatment service providers demonstrated by the blue arrows. Those who have not been to treatment, are connected to fewer resources, as seen by the red arrows. Either of these populations can be arrested, entering the Department of Corrections system (via the Billings Police Department), or can utilize emergency and health care services provided by the hospitals and nonprofits such as the Community Crisis Center, Tumbleweed, St. Vincent De Paul, etc. Purple arrows demonstrate strong relationships between organizations. For instance, there is a connection between treatment and sober living. Individuals who have been to treatment typically can be referred to sober living homes. More connections among service providers are explained in the individual descriptions of organizations in Section 1 of Key Stakeholders (previous).

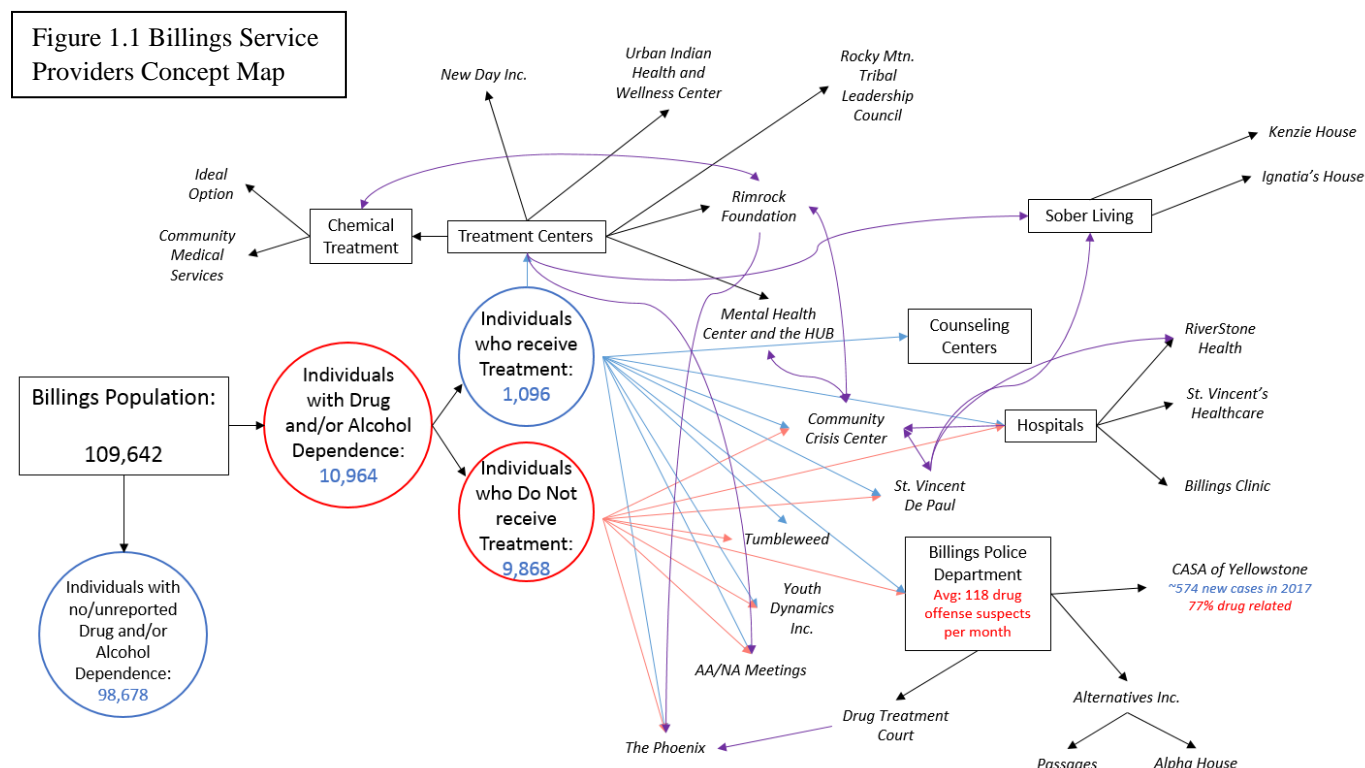


Figure 1.1 aims to increase understanding of the larger system and how people in the community are connected to different service providers. This figure does not include every organization and does not highlight every partnership or connection.

²⁴ Foundations Recovery Network, Dual Diagnosis.org, American Cities with the Highest Addiction Rates

RELEVANT DATA

Section 1: Methamphetamine and Opioids in the News

Prior to the start of the Billings Metro VISTA Methamphetamine and Opioid Response Initiative, methamphetamine and opioids were making local, state, and national headlines.

As the Centers for Disease Control and Prevention (CDC) urged doctors to limit both the quantity and frequency of opioid prescriptions, the Billings Gazette found that in 2017 in Montana, 40% of injured workers who obtained an opioid prescription did so for an injury that had occurred six years earlier, or more; nationally that number was 15% and regionally it was 10%.²⁵ The Gazette also reported, from July 2016 to June 2017, Billings Clinic saw 567 opioid addiction-related visits to the emergency department, averaging more than 10 visits a week.²⁶

In April of 2018, the Billings Gazette quoted U.S. attorney general Jeff Sessions who cited Montana Department of Justice statistics saying there was a 400% increase of methamphetamine violations from 2010 to 2015.²⁷ Additionally, it was reported by Billings Police Chief Rich St. John at a press conference in March 2018 that property crime, violent crime, and dispatch calls were all up from 2016. Drugs, particularly meth, are still one of the biggest drivers of crime locally, St. John said. He also noted last year Billings saw a 15% increase in all drug violations, with ripple effects seen in climbing property and violent crime rates.²⁸

In an opinion piece written in July of 2017, it was noted that 65% of Montana child abuse and neglect cases have indications of parental drug abuse, according to the Montana Department of Public Health and Human Services. Specifically, in Yellowstone County, the figure is higher, according to the Yellowstone County Attorney's Office it is about 75%.²⁹

Section 2: Recent Reports on Substance Abuse in Montana

A number of recent reports have identified substance abuse as a major problem in Montana, and in Yellowstone County specifically.

The **Community Health Needs Assessment**³⁰ (CHNA) yielded the following prioritized list of community health needs:

1. Nutrition, Physical Activity, & Weight
2. Mental Health
3. Substance Abuse
4. Tobacco Use
5. Diabetes

²⁵ Billings Gazette Article from January 2, 2018: Injured workers in MT use more opioids, and for longer...

²⁶ Billings Gazette Article from October 26, 2017: As the opioid crisis sweeps nation...fentanyl appearing in Billings for first time

²⁷ Billings Gazette Article from April 27, 2018: Nation seeing 'deadliest drug crisis' in history...

²⁸ Billings Gazette Article from March 15, 2018: Rapes, attempted suicides and property crimes all up in 2017...

²⁹ Billings Gazette Opinion from July 23, 2017: Battling addiction in Montana

³⁰ 2016-17 Yellowstone County Community Health Needs Assessment Report, Healthy By Design

By averaging individuals' ratings for each criteria for each tested health issue, and then averaging these composite criteria scores, an overall score was produced to create the above list (pg. 21 of the CHNA).

This report also found that Yellowstone County's annual average age-adjusted mortality rates were worse than US rates for motor vehicle accidents and drug-related deaths. Additionally, Yellowstone County mortality rates were worse than state rates for drug-related deaths (pg. 180 of the CHNA).

A copy of the chart for substance abuse rates for the county compared to state and national rates can be found in the Tables and Figures section, pulled from the CHNA (pg. 42 of the CHNA).

The **SBIRT-Report** by the Montana HealthCare Foundation showed that all 56 of Montana's counties are designated as health professional shortage areas (HPSAs) in mental health.³¹ Research has shown strong correlations between mental health problems and substance abuse, and substance use disorder (SUD) is now included in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as of 2013.

In September of 2017, the **Aid Montana Department of Justice: Substance Abuse in Montana Report** was published summarizing the extent of substance abuse related issues for the state.³² This report noted the following:

- Since 1980, the drug offense rate in Montana has increased 559%.
- There has been an increase in drug violations, specifically highlighting spikes in methamphetamine use. In 2015, 57% of all drug violations were for marijuana, followed by methamphetamine at 31%, and other narcotics at 7%.
- Methamphetamine violations have seen a troubling spike in the last five years, rising 427% from 2010 to 2015. Heroin violations, though still low in relative terms, have increased 1557% from 2010 to 2015.
- According to the 2012-2013 National Survey on Drug Use and Health, almost one in four young adults in Montana reports illicit drug use in the past month.
- Every year, substance use contributes to more than 20,000 hospital and emergency room (ER) visits in Montana.
- More than 100 people die every year due to drug overdose in Montana, with 1,334 deaths recorded in Montana between 2003 and 2014. Opioids are the most common substance associated with drug poisoning deaths, accounting for 42% of all deaths in this category in 2013-2014.
- The adult suicide rate in our state is consistently twice the rate in the United States.
- According to the Montana Department of Corrections, four of the top ten felony conviction offenses for males and five of the top ten felony convictions for women are directly related to substance use. For both females and males, possession of drugs is the most common felony conviction.

Section 3: Montana State Crime Lab Data

According to the 2018 Montana Department of Justice Forensic Science Division Annual Report, "methamphetamine intoxication was listed by the medical examiner as the cause of death in nine cases and fifteen mixed drug intoxications. It was also found in 9% of all drug driving under the influence cases" in 2018. Additionally, when detected in DUI cases, meth was found at an average concentration of 0.366 mg/L, a rate higher than other substances.

³¹ Substance Use SBIRT: Landscape Scan and Recommendations to Increase the Use of SBIRT in Montana, Montana Health Care Foundation, June 2018 (pg. 15)

³² Substance Use in Montana, Aid Montana Department of Justice Report, September 2017

In addition to testing evidence samples submitted by the BPD and autopsy samples, the Montana State Crime Lab “confirm[s] drugs the submitting agency request[s]” for urinalysis. “Methamphetamine continues to be the drug detected most often” in Probation/Parole urinalysis (UA), present in 51% of cases.

While prescription opioids were detected in an increasing number of cases in 2011 and 2012, there are declining numbers of cases involving hydrocodone, oxycodone, and morphine. However, the number of heroin, and fentanyl cases have increased in recent years. The numbers of methamphetamine cases are even greater, and are increasing dramatically each year as seen in Figure 2.1 below. (A table of these case numbers from the annual report can be found in the Tables and Figures section.)³³

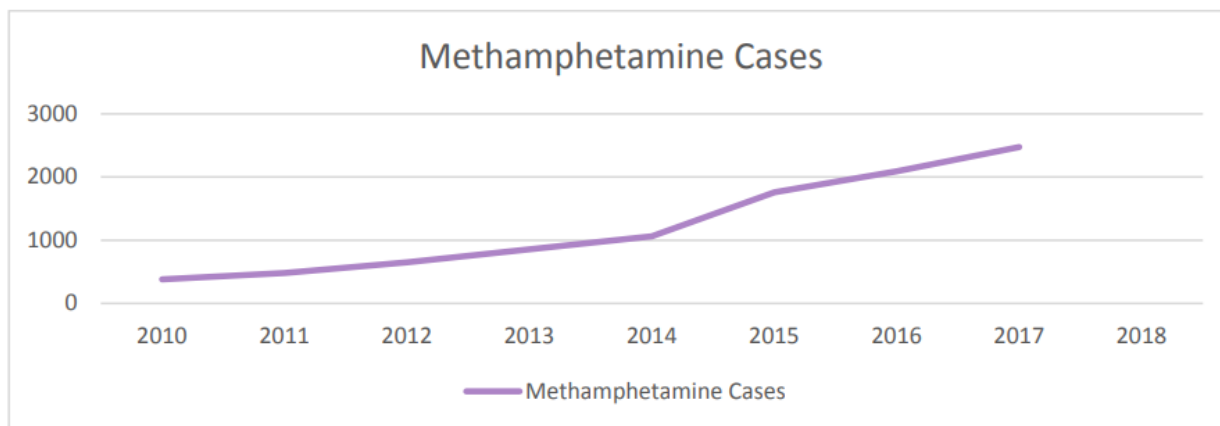


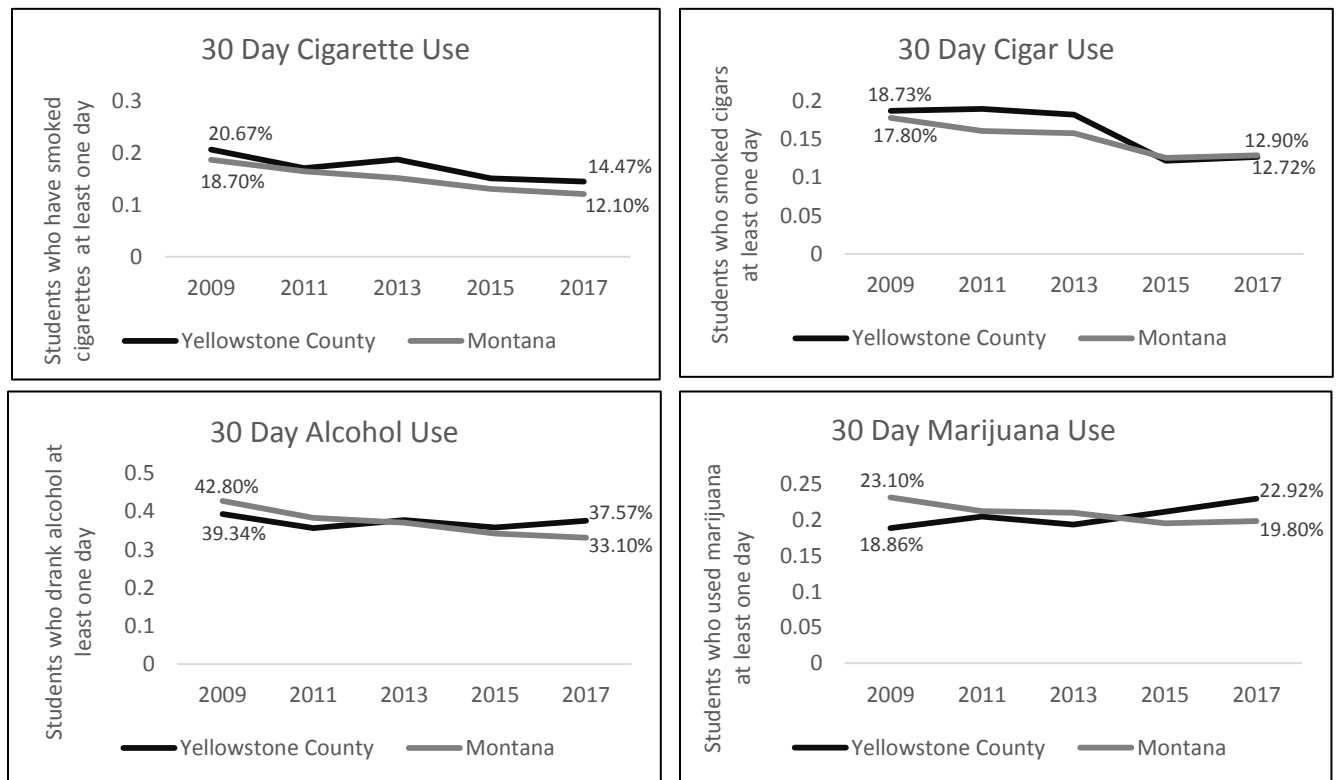
Figure 2.1 Montana State Crime Lab Methamphetamine Cases

³³ 2018 Montana Department of Justice Forensic Science Division Annual Report

Section 4: Youth Survey Data

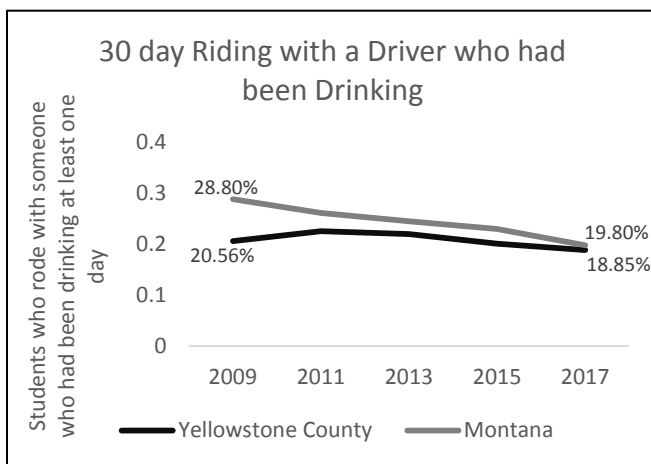
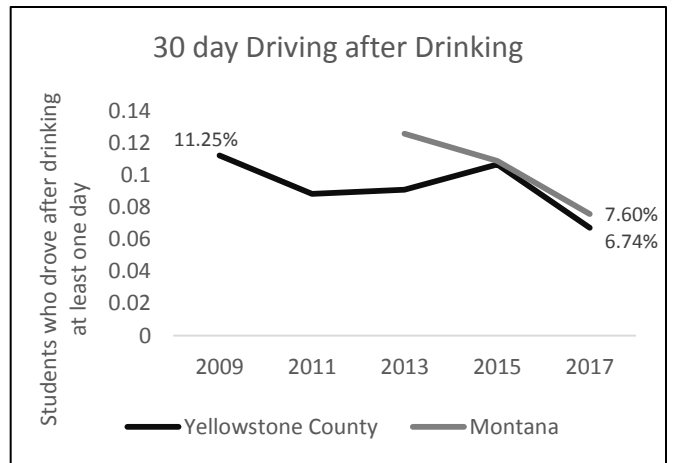
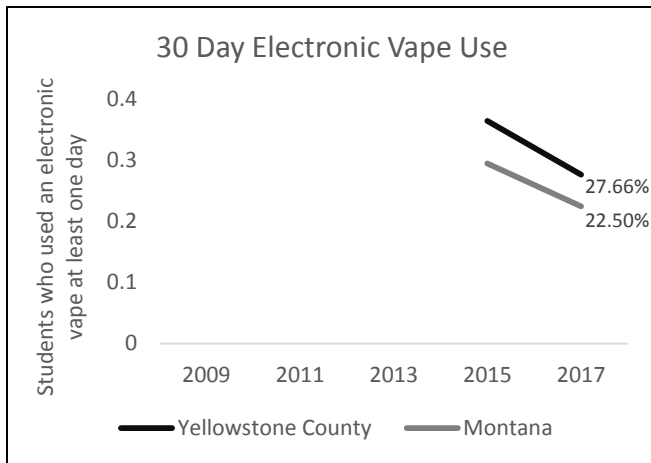
There are two youth surveys administered to students in the state of Montana to assess mental health, drug and alcohol, and health-related risks. The Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS) is required by all public high schools within Yellowstone County and asks ninth through twelfth grade students about their daily, monthly, and lifetime health practices to monitor "six categories of health-related behaviors that contribute to the leading causes of death and disability among youth and adults."³⁴ Similarly, the Department of Public Health and Human Services' (DPHHS) Prevention Needs Assessment (PNA) surveys eighth, tenth, and twelfth grade students focusing "on risky behaviors associated with the use of alcohol, tobacco and other drugs, such as school dropout, delinquency, and violence – that can result in injury and/or impede positive development among our youth."³⁵ The PNA asks a variety of questions to gauge some of the risk and protective factors associated with suicide, substance abuse, and other health risks. However, unlike the YRBSS, the Prevention Needs Assessment is optional, and Billings Public Schools in School District 2 have chosen to opt-out.

Both the YRBSS and the PNA ask students about their use of various substances over the past 30 days and their use of certain substances across their lifetime. Because all schools are required to participate in the YRBSS, the graphs below depict 30 day trends and lifetime trends of substance use for Yellowstone County compared to the state of Montana from the YRBSS data from 2009 to 2017 (this survey is administered every other year).



³⁴ Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System, 2009-2017 Data Received from the Montana Office of Public Instruction

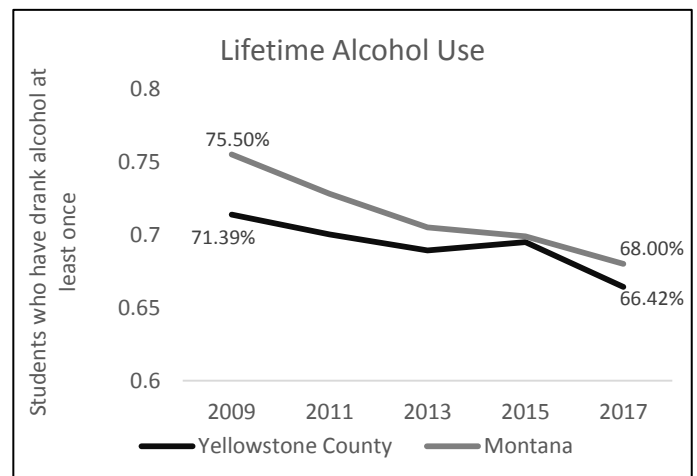
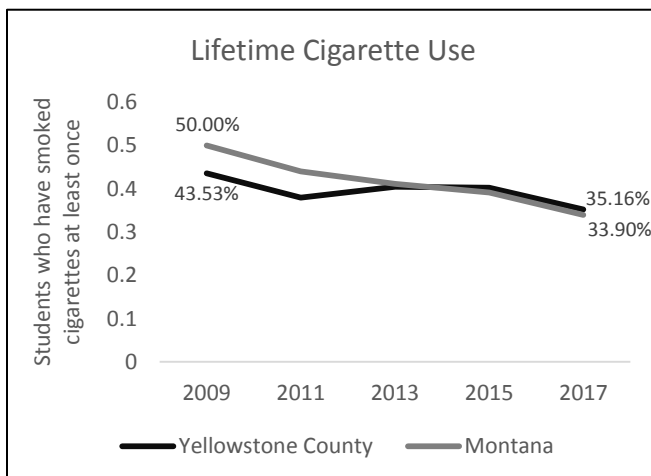
³⁵ Montana Department of Health and Human Services, Official State Website, Prevention Needs Assessment

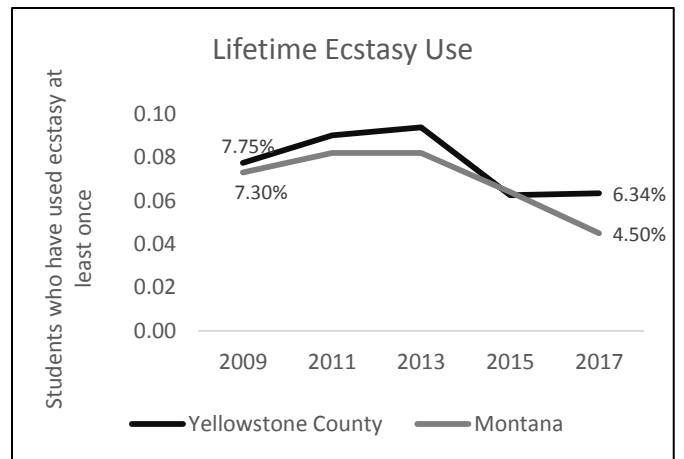
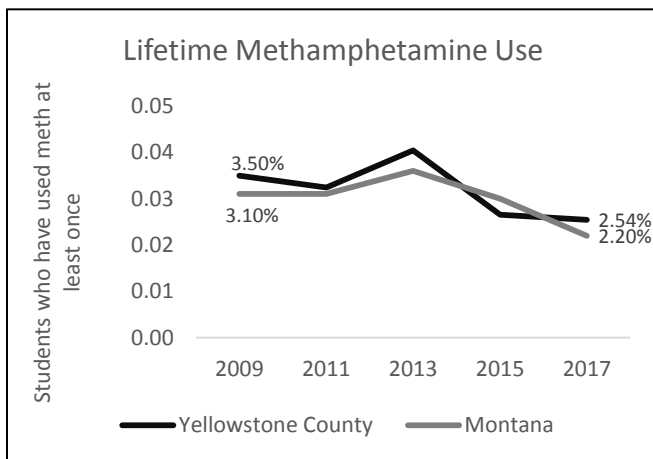
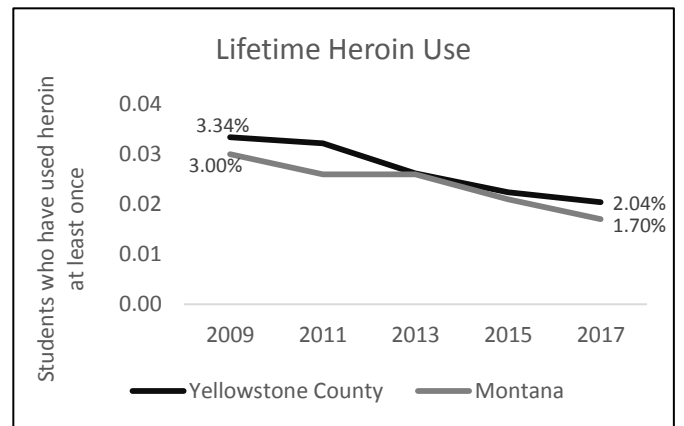
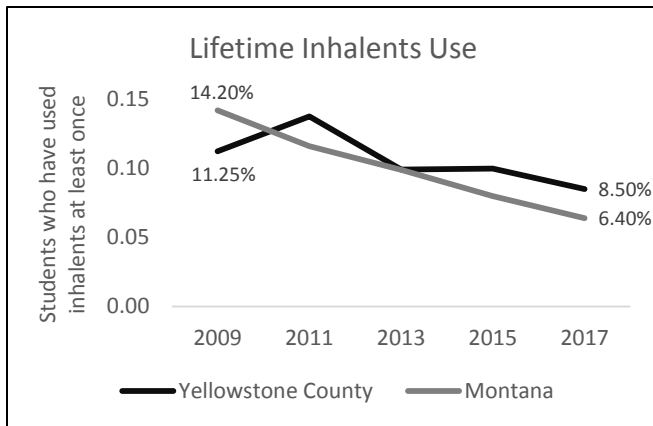
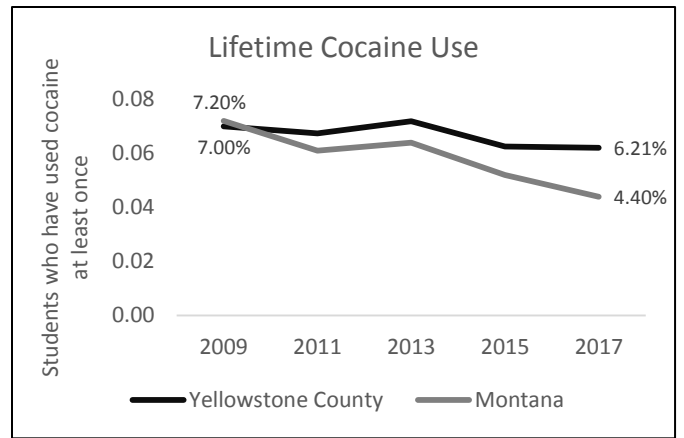
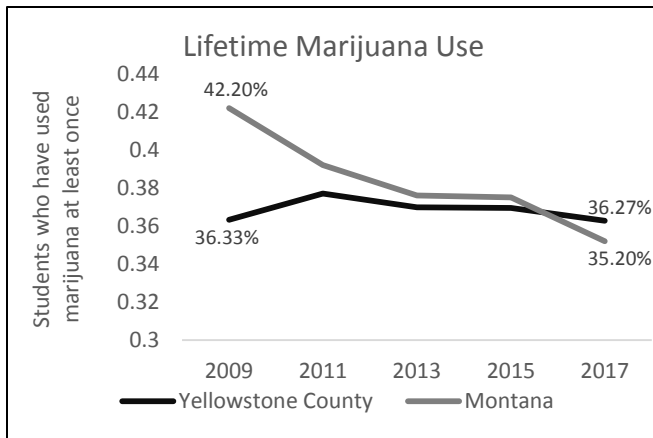


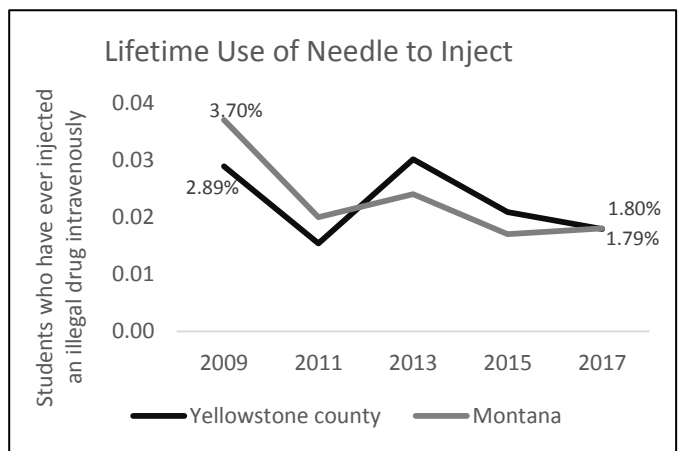
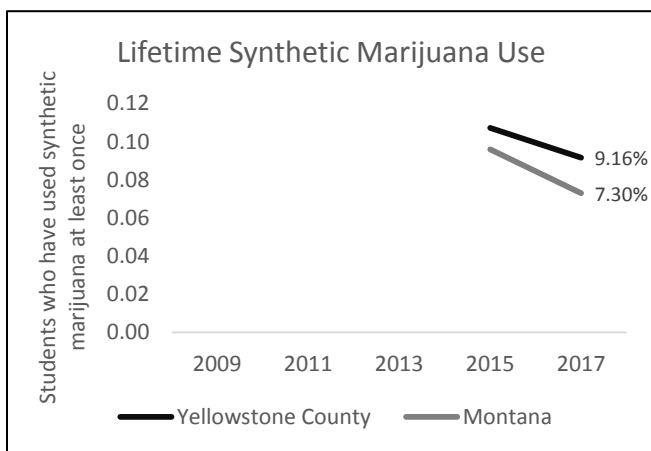
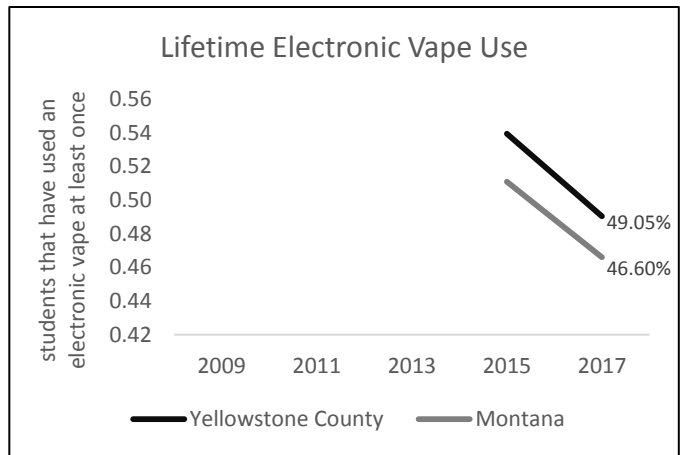
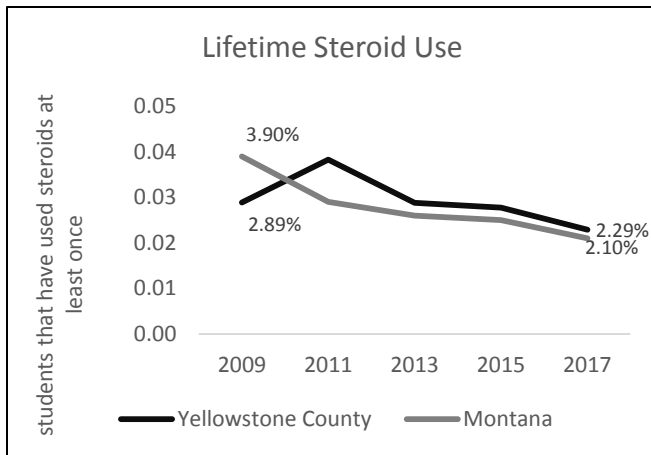
The seven figures displayed above and to the left show the 30 day substance use trends for Yellowstone County (black line) as compared to the state of Montana (gray line). In each of these questions students were asked, “in the past 30 days how many times did you...” smoke cigarettes, smoke cigars, drink alcohol, use marijuana, use an electronic vape, drive after drinking, or ride with someone who had been drinking? The graphs depict all of the students who had done each of these activities at least one day out of the previous 30.

It is clear from these graphs that overall self-reported youth substance use is decreasing in Montana and Yellowstone County in particular. However, it is important to note that although 30 day alcohol and marijuana use have declined from 2009, in recent years Yellowstone County has experienced a notable up-tick in these rates of use.

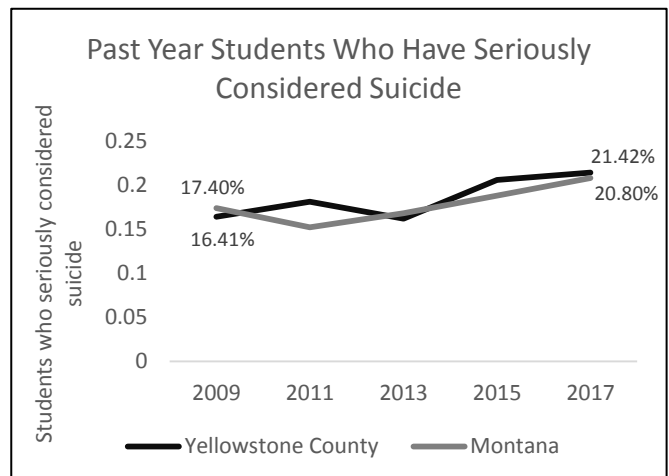
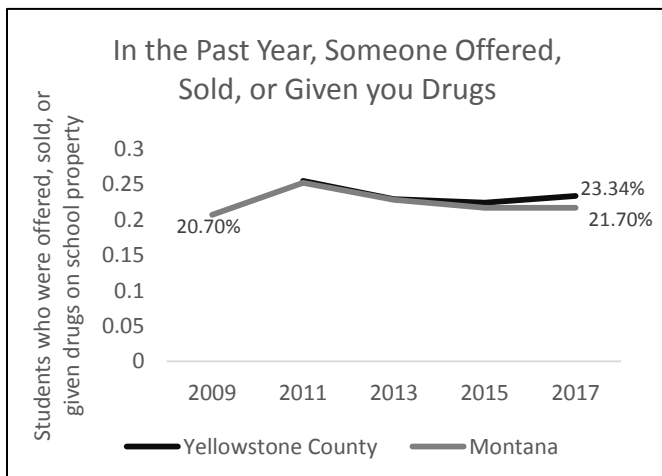
The following graphs depict the percentage of students who have engaged in various behaviors at least once over the course of their lifetime. Again, trends show overall decreasing substance use among youth.

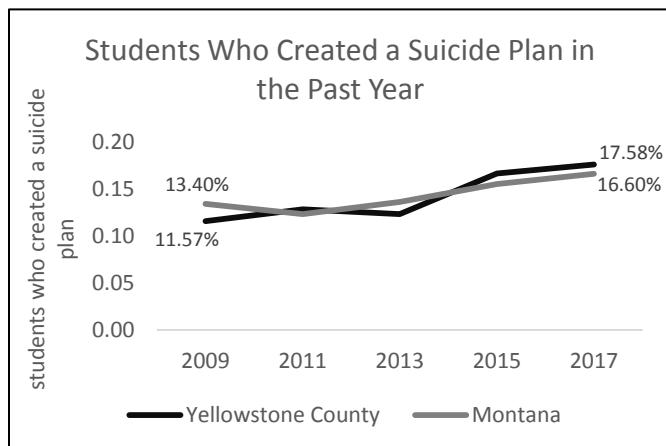






The following three graphs display related-issue questions that ask about the past year. Unlike overall declining youth substance use trends, mental health concerns are becoming a greater concern with 21% of Yellowstone County high school students seriously considering suicide, and 18% going as far as to make a suicide plan in the last year. Simultaneously, one may notice the increased availability and access to drugs youth have reported. In the past year, 23% of high school students have been offered, sold, or given drugs. In the future, this may create another generation of individuals with SUDs if these mental health concerns go unaddressed and individuals begin to self-medicate with illicit substances.

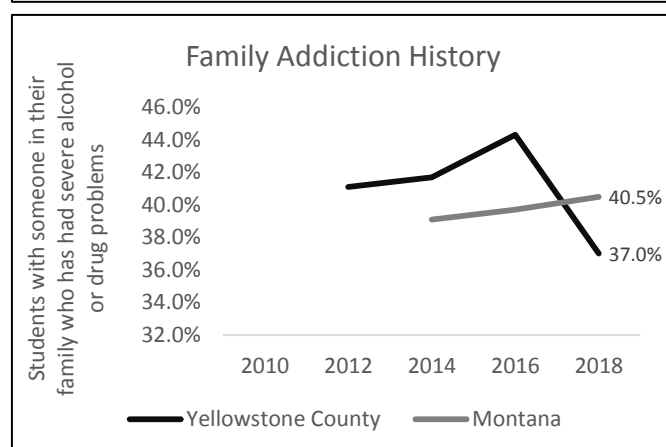
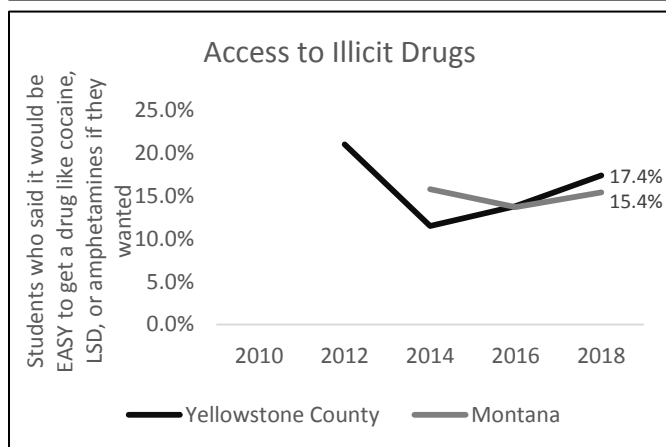
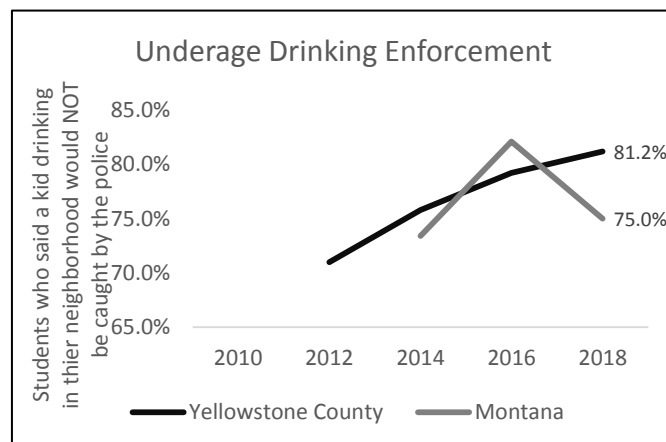
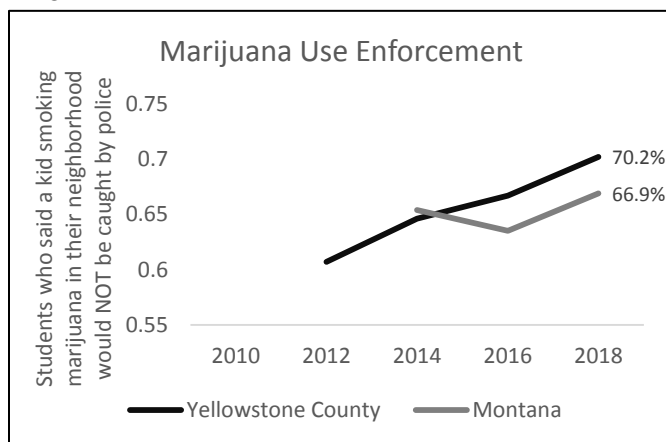




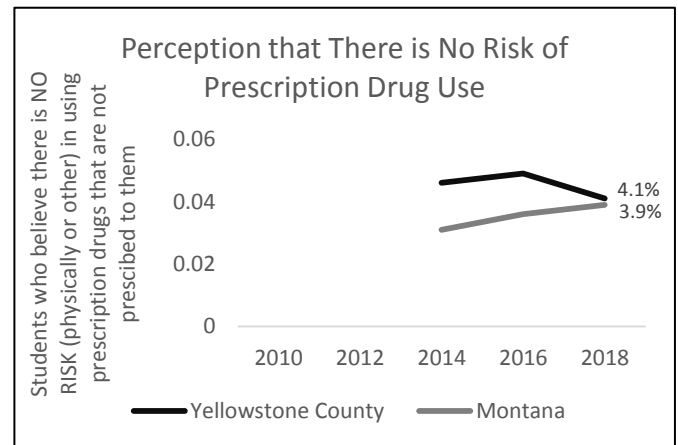
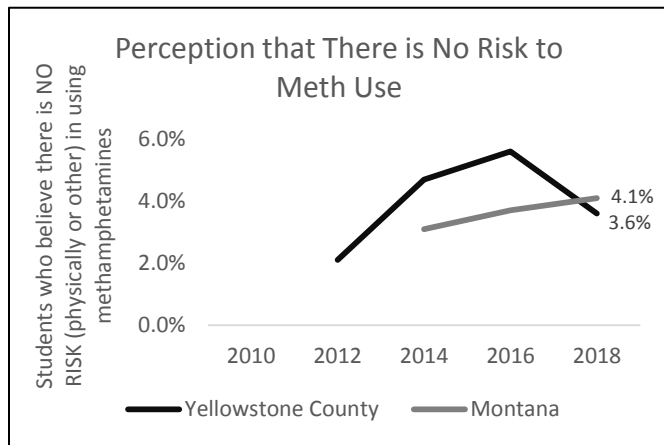
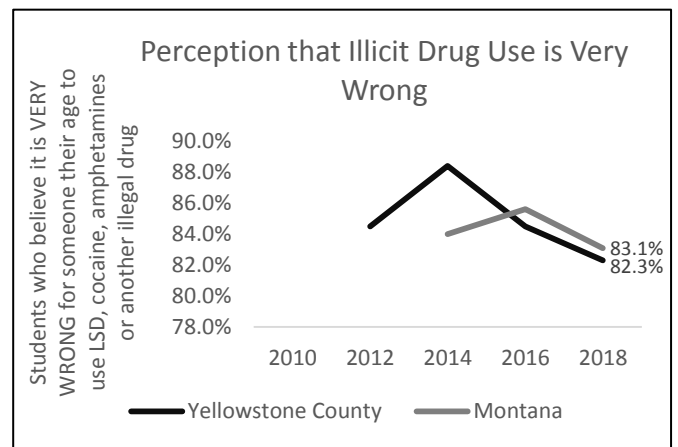
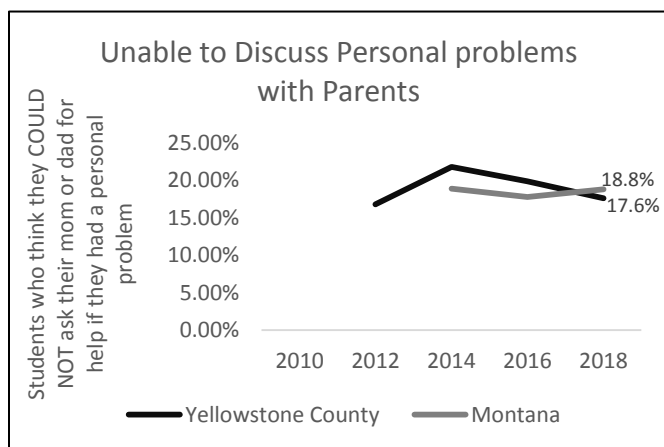
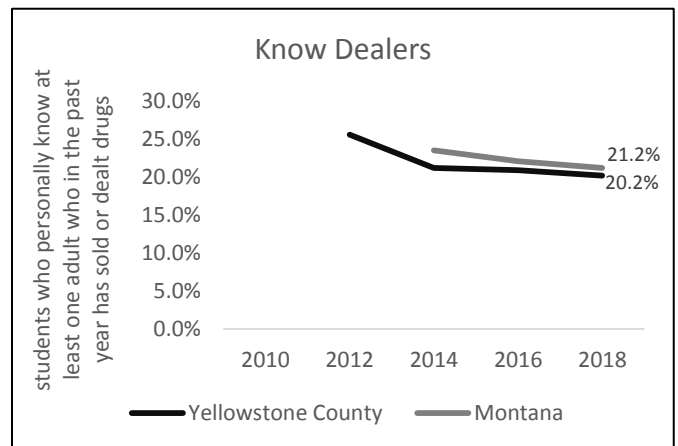
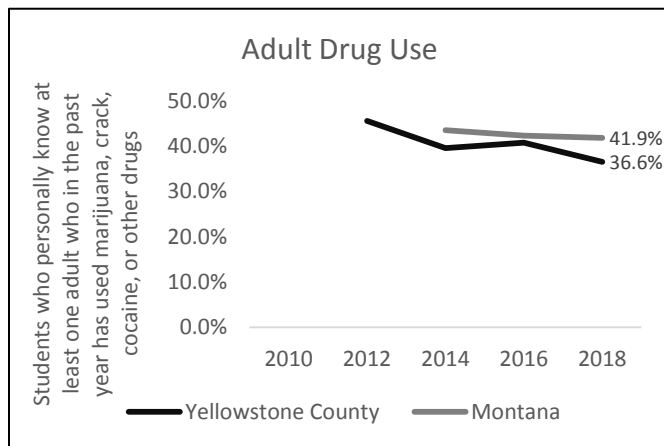
The Prevention Needs Assessment³⁶ asks similar questions to the YRBSS on 30 day use and lifetime use of substances. However, rather than duplicate this data, the next set of graphs displays the other valuable information that the PNA provides: questions that highlight potential risk factors that cause students to be considered at a greater risk for developing a substance use disorder.

These graphs display clear student opinions of increased access to illicit substances and decreased enforcement. (The graphs displaying enforcement for marijuana and underage

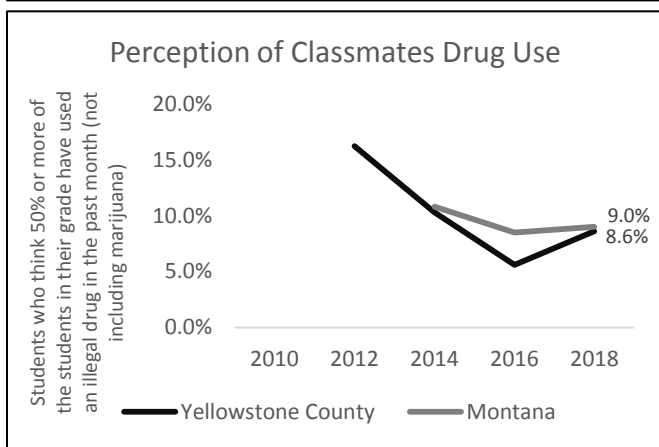
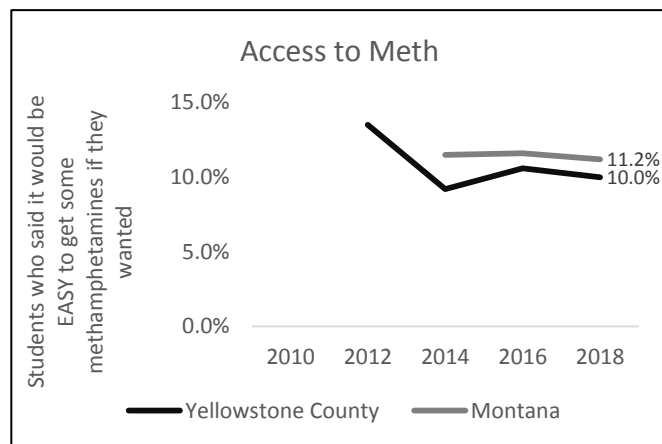
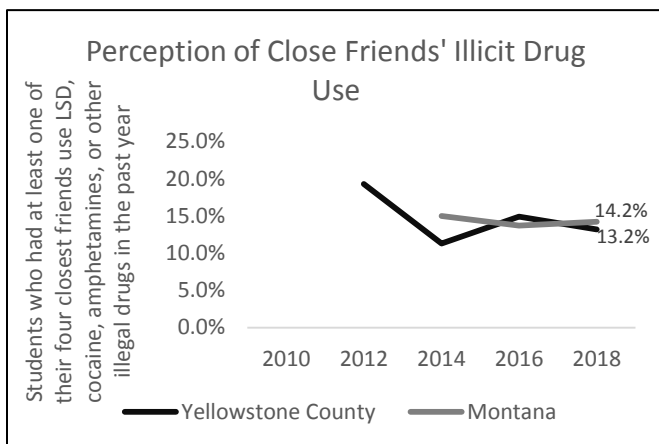
drinking display the percentages of students who believe that a kid smoking or drinking in their neighborhood would NOT be caught by the police, therefore a rising percentage demonstrates a perception of decreased enforcement). Other notable trends among youth are the decrease in the perception that drug use is VERY WRONG, steady high percentages of known adult drug dealers, a decrease in the number of students who believe there is no risk to meth use (a positive trend), steady trends of access to meth specifically, and a perception of an increasing number of peers engaging in illicit drug use.



³⁶ Prevention Needs Assessment 2010-2018 Data Received from a MHC Substance Abuse Prevention Specialist



Aside from overall trends, it is important to note individual percentages of this dataset. The fact that 37% of students in Yellowstone County identified a family member having a severe alcohol or drug problem demonstrates a great problem. Additionally, although there are low percentages of students saying there is no risk to methamphetamine use (3.6%), and there is no risk to using prescription drugs not prescribed to you (3.9%), these low percentages of all Yellowstone County students is an alarming overall number of students who clearly have not been given enough information.



Youth substance use data can be extremely helpful in providing insights as to why kids may use, what risks they face, and perceptions different generations may have of substance use. It should be emphasized, that although many substance use trends seem to be declining, especially those of harder substances such as meth and heroin, there is a great risk to youth use of any mind-altering substances. Middle school and high school students are at ages when key brain development occurs. Illicit substances, including alcohol and tobacco, that alter this development can prove to be

detrimental later on if use prevents students from developing healthy coping skills. Most individuals who develop an SUD, began with a dependence on alcohol or marijuana, typically initiating use at a young age.

NEW DATA CONTRIBUTION

Section 1: VISTA Individual Survey

Due to the rises in drug-related crime, the high percentages of child welfare cases involving a parent using methamphetamine, etc. there was an effort by many treatment care providers, non-profits, and law enforcement to address these drug-related issues. Despite these beginning efforts, there was a need to understand the scope of substance abuse in Yellowstone County from the individuals involved, or those previously involved.

The VISTA Individual Survey was created to help better understand the problem of substance use from the perspective of individuals accessing services from various treatment and addiction service providers. A total of 238 individuals were surveyed from Rimrock, Passages, Alpha House, the Community Crisis Center, and the Phoenix. In the Individual Survey, individuals were asked a variety of questions about their history of substance use as well as their experiences in recovery.

Those surveyed identified their substances of abuse, age of first use, reasons for first use and continued use, how many times they have been incarcerated and/or been to treatment, what treatment programs they had participated in, what addiction and mental health care service providers they had visited in Billings, what the most difficult aspects of recovery are, and if they had ever contracted an illness (such as HIV or Hepatitis C) from intravenous drug use.

Figure 3.1 below shows the various substances individuals identified using/abusing. It is evident that alcohol is the number one substance of abuse. Of the total 238 surveyed, 185 had problems with alcohol abuse. Methamphetamine is not too far behind at 147. It should be noted that marijuana was not included in the survey due to its medical allowance in the state of Montana, although some individuals listed it as a substance in the “other” category.

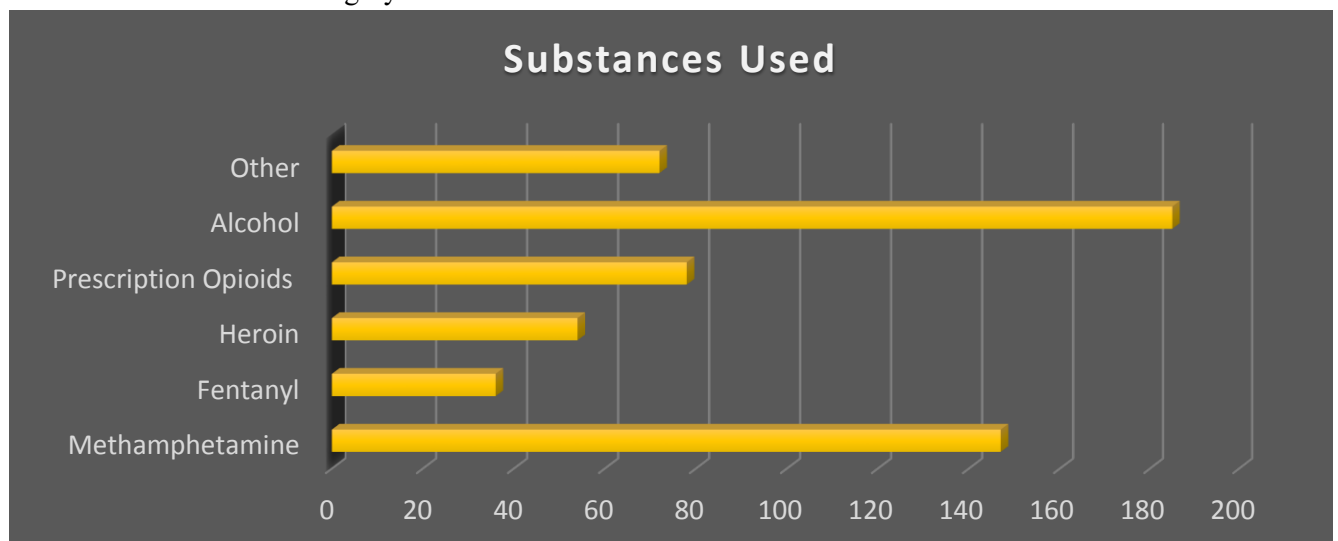


Figure 3.1 Substances of Abuse: Which substances have you used/abused?

Individuals were asked how old they were when they first began using the substance(s) they identified using in the

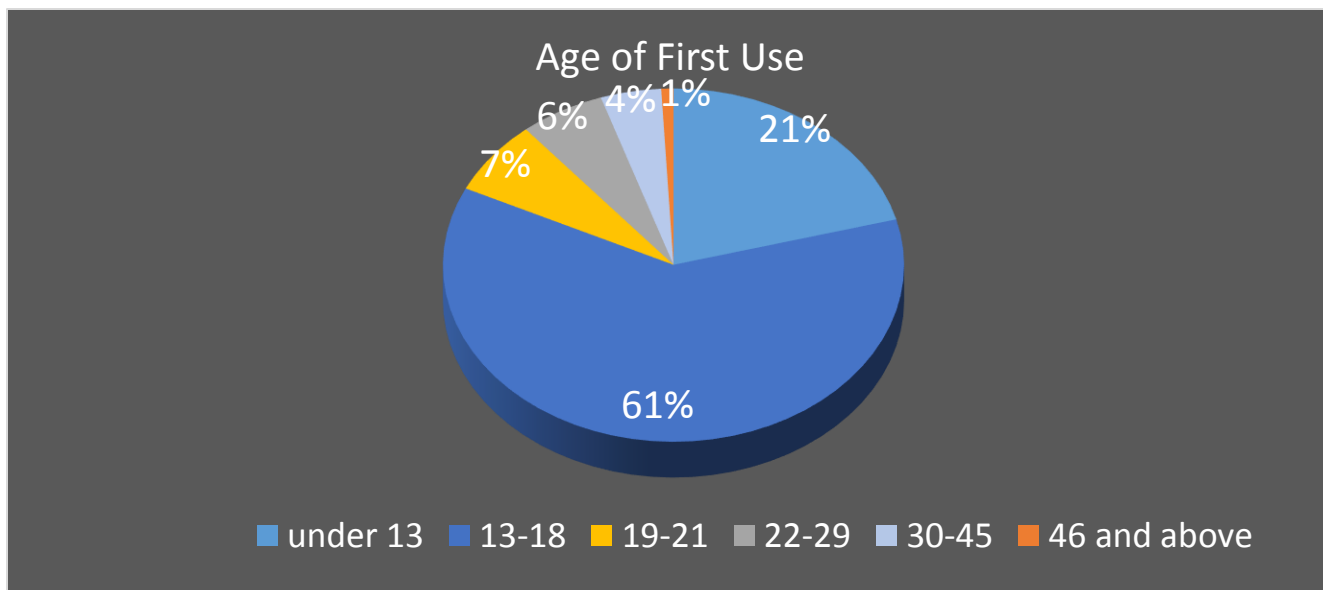


Figure 3.2 Age of First Use: How old were you when you first began using?

previous question. Figure 3.2 displays these results. If the lowest two age categories of “under 13” and “13 to 18” are combined, we see that 82% of people surveyed began misusing a substance before the age of 19 which emphasizes the need for prevention efforts.

Research shows that having a family member who uses/misuses a substance, greatly increases one’s risk for developing an addiction or SUD. Individuals were asked, “Does anyone in your family use now, or have they used in the past? If yes, who uses/used and what do/did they use?” 164 individuals answered “yes” to the first part of this question, meaning 69% of people surveyed had a family member whether that be a mother, father, siblings, aunt, cousin, etc. who had an addiction to a substance.

The next two questions allowed for multiple answers to be selected. Individuals were asked, “Why did you first use?” and were instructed to check all that apply. Similarly, they were asked, “Why did/do you

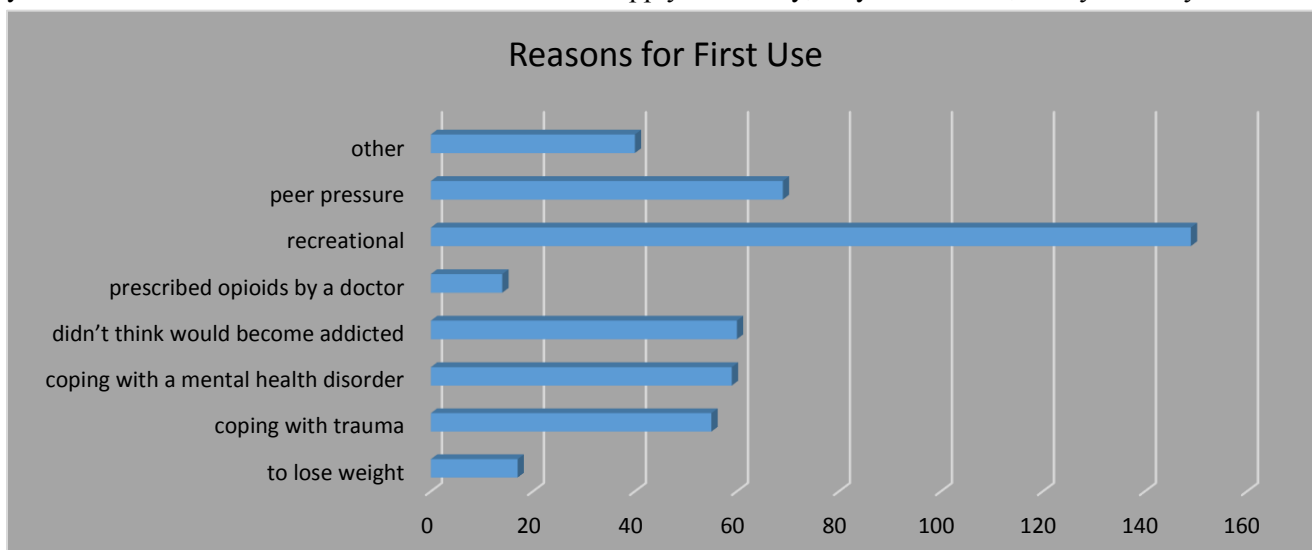


Figure 3.3 Reasons for First Use: Why did you first use? Check all that apply.

continue to use?” and given the same instructions to select all relevant answers. Figures 3.3 and 3.4 display these results.

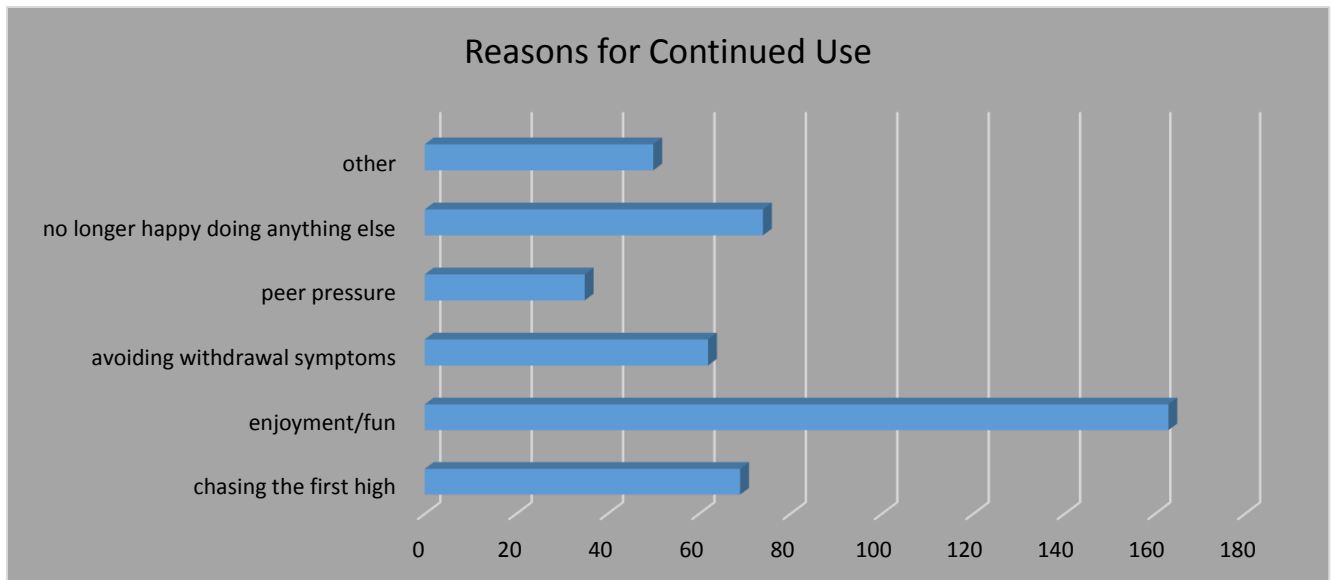


Figure 3.4 Reasons for Continued Use: Why did/do you continue to use? Check all that apply.

It is clear that a majority of individuals first used and continued to use for recreation and enjoyment/fun. However, it is apparent that all the options given were relevant responses. It is interesting to note that while peer pressure is a contributing reason for why people first use, it is not a major reason people continue to use.

To better understand the perspective of those surveyed, individuals were asked, “When was the last time you used?” It is clear that a majority of individuals are in the process of recovery, but are still in treatment programs (where they were given the survey), evident in Figure 3.5 by the two most popular responses being “a few months ago” and “a few years ago.”

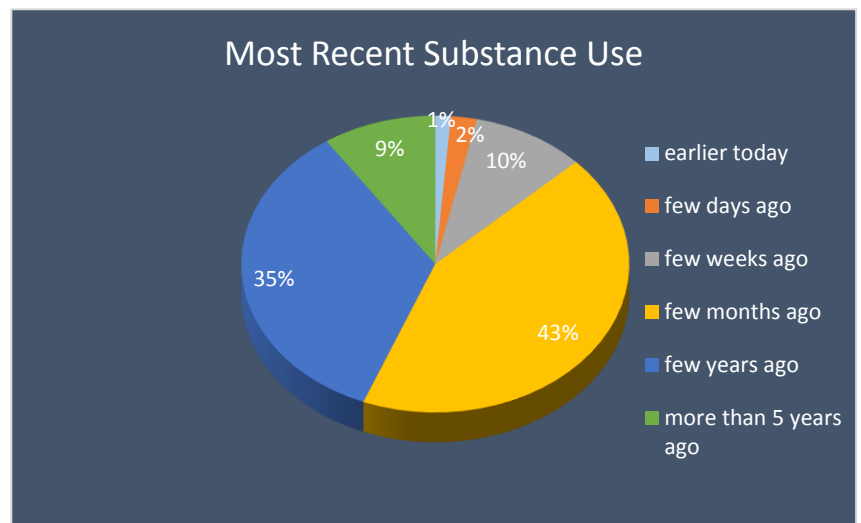


Figure 3.5 Most Recent Substance Use: When was the last time you used?

Figure 3.6 and Figure 3.7 show an interesting relationship between incarceration rates and treatment rates. While 84% of individuals surveyed have been to treatment at least once, and 87% have been incarcerated at least once, the graphs show that the majority of those incarcerated have been incarcerated 5 or more times. The vast majority of those who have been to treatment at least once, have **only** been to treatment once. Going to jail or prison multiple times is incredibly common, but having the chance to go to treatment multiple times is fairly uncommon. It’s important to understand that this statistic demonstrates a cost to our society. It often takes multiple treatment stays before a real change is made, and we pay for incarceration as a society. This relationship between treatment and incarceration rates likely contributes to the current drug problem we have in our community.

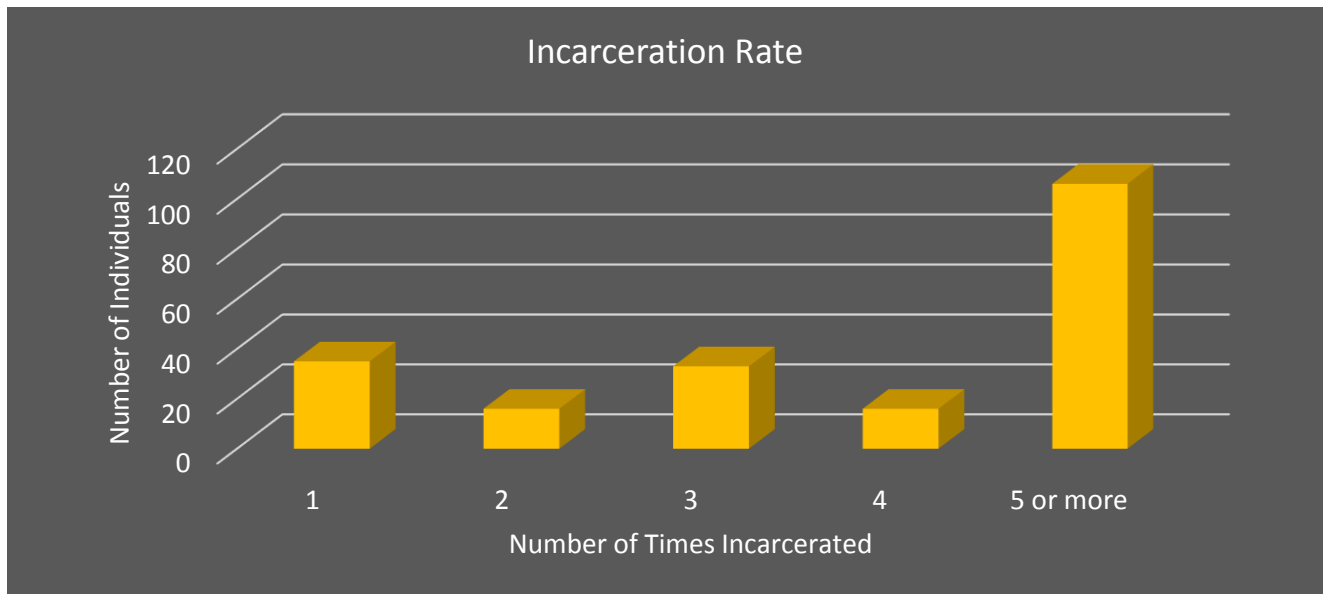


Figure 3.6 Incarceration Rate: Have you ever been incarcerated? If yes, how many times?

Additionally, after being asked if they had been to treatment, individuals were asked which treatment programs they had participated in. Given the following options: inpatient treatment, outpatient treatment, peer-to-peer mentorship,

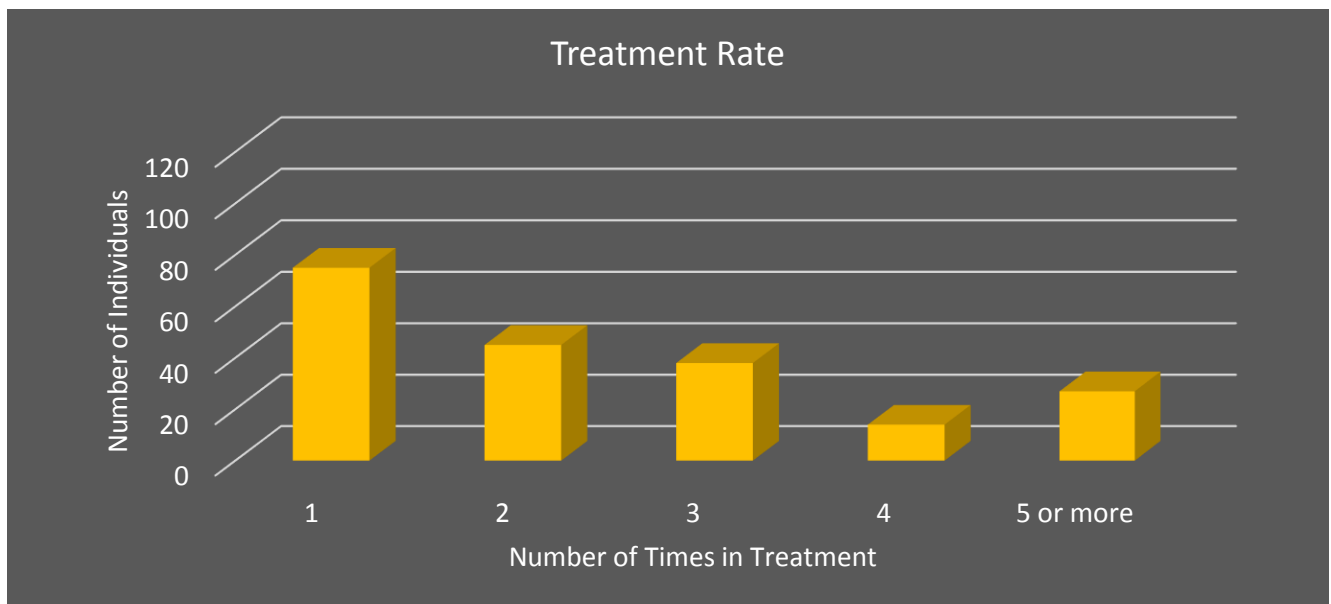


Figure 3.7 Treatment Rate: Have you ever been to treatment for substance abuse? If yes, how many times?

AA/NA/group therapy, chemical treatment (i.e. methadone/suboxone clinic), court mandated drug testing, and other, 173 had experienced inpatient, 138 outpatient, 24 peer-to-peer mentorship, 173 AA/NA/group therapy, 35 chemical treatment, 98 court mandated drug testing, and 29 other. Some of the other programs mentioned were drug court, Elkhorn, WATCH Program, CCP, Nexus, and the Phoenix. It should be noted that there is no chemical treatment for methamphetamine.

The next survey question displayed a list of local organizations including treatment facilities, hospitals, non-profits, chemical treatment centers, sober living houses, shelters, and other mental health and

substance abuse treatment care providers. Because the survey was administered at particular sites in bulk, the data collected was skewed towards the organizations that took part in handing out surveys. The response data for this question has been omitted for this reason.

The question, “What do you believe is the most difficult aspect of recovery?” demonstrates the numerous difficulties that individuals face while in recovery for substance use disorder. Figure 3.8 exhibits how connections with others makes an immense impact to one’s recovery. Many of the most frequently chosen answers deal with the stigma of asking for help or feeling judged, and trying to maintain sobriety while being tied to others who are still using.

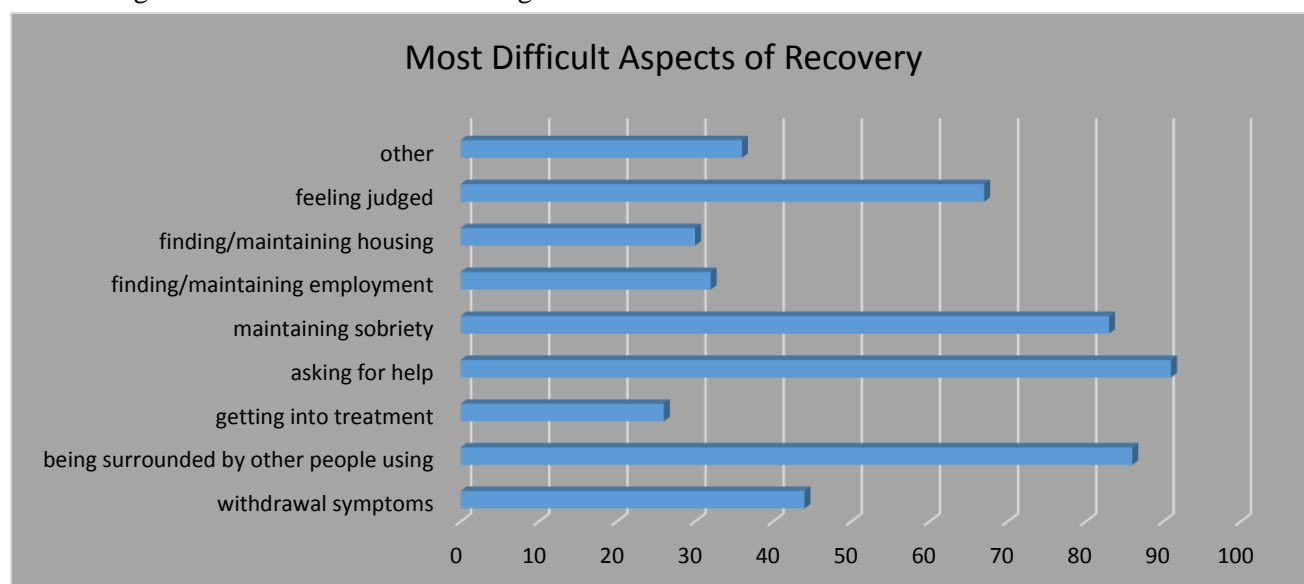


Figure 3.8 Most Difficult Aspects of Recovery: What do you believe is the most difficult aspect of recovery?

When asked, “Have you ever contracted any illnesses from unsterile intravenous drug use (i.e. Hepatitis C, HIV)?” 17.6% of individuals said yes. This becomes a public health concern since as more people contract these illnesses, more are now at risk for spreading them.

Individuals were also asked four Likert Scale questions to gauge their perception on a scale from 1 to 7, 1 being Strongly Disagree, 7 being Strongly Agree, making 4 Neutral, about how drug use had impacted their ability to maintain employment and housing, if and to what degree drugs had negatively impacted their life, and to what extent they believe drugs are a problem in Billings, MT. The average answer to “My drug abuse has made it difficult for me to maintain steady employment” was about a 3.93 (slightly disagree). “My drug abuse has made it difficult for me to maintain steady housing” had an average answer of 3.82 (slightly disagree). These answers are going to be skewed by those individuals who still live at home with their parents who provide for them, and potentially by those in the Department of Corrections system who have not experienced re-entry yet. While these two statements had average feedback corresponding to “slightly disagree,” the following two statements had “slightly agree” and “agree” response levels. Most individuals agreed with “My substance abuse has become unmanageable and has had negative effects on my quality of life,” resulting in an average response level of 5.19. There was an even greater rate of agreement with the statement “drug use in Billings MT is a problem that needs to be addressed,” reaching an average of 5.70 on the Likert Scale.

Additionally, those surveyed had the option of providing answers to a few open-ended questions: What recovery services have you been unable to find in Billings, what has been most helpful in your recovery, and is there anything else you wish to share? Figures 3.9 and 3.10 are word clouds that display the

responses to the first two free response questions. The size of the words that appear in the word cloud correspond to the frequency that an answer was given, therefore the larger the word or phrase, the more times it was a response to that question.

Looking at Figure 3.9, it is evident that there are a variety of responses for what has been the most helpful in recovery: Family, my sponsor, not being alone, fellowship, talking, group sessions, positive people, peers, sober family, etc. Despite the number of responses, there is a common theme among them. Most of the responses to this question deal with relationships, which demonstrates how important relationships and connections to people are for those in recovery.

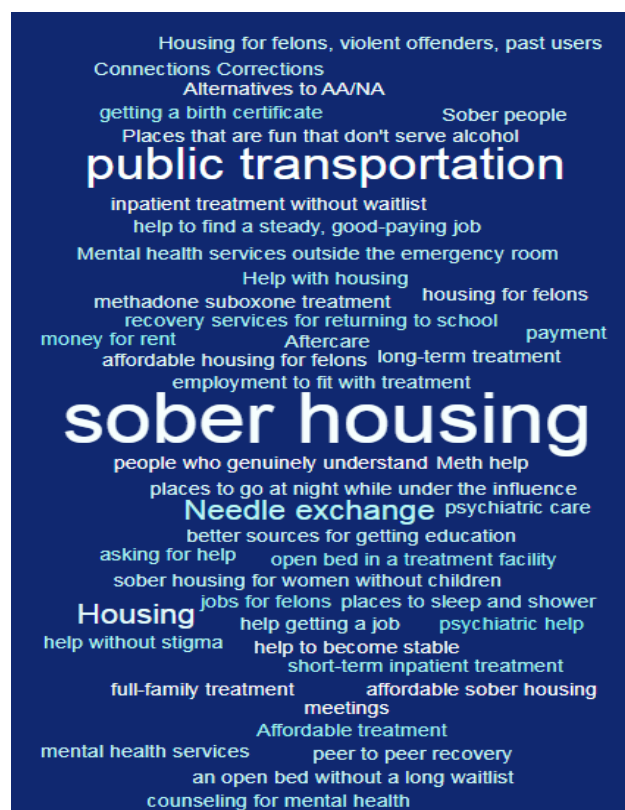


Figure 3.10 Free Response: What recovery services have you been unable to find in Billings?



Figure 3.9 Free Response: If you are in recovery, what has helped you most?

Figure 3.10 (left) displays the answers to the question, “What recovery services have you been unable to find in Billings?” It was clear from a few responses that some individuals may have misread this question and listed recovery services they were currently participating in. If the survey was redone, the word ‘unable’ should have been emphasized maybe with bold or underline type. After removing these responses that were clearly out of place, the word cloud (figure 3.10) was created. There are some clear responses that were obviously stated by multiple individuals: sober housing, and public transportation.

One thing to note about the responses to this question, is that just because it appears here, does not suggest that the service does not exist. A word may appear due to a lack of access, information, or the need for a referral that may not have been given. That being said, sober housing does exist in Billings, however, if a google search is done of sober housing in Billings, nothing appears. There is clearly a problem with access and more efforts may just need to go to improving marketing/knowledge of these facilities. As for public transportation, the most likely reason for it appearing so large is the fact that the bus system does not run past 6pm and does not run on Sundays. Individuals with a revoked license, or with lesser means depend on the bus for probation and parole check-ins, court appointments, getting to treatment, etc. and the unreliability and short hours of operation may prove to be a problem. It is also

important to note the answers that do not appear as large: affordable treatment, jobs for felons, treatment without a waitlist, housing for felons, violent offenders, and past users, etc. Each of these answers provides insight about which improvements the community might choose to focus.

Section 2: Billings Police Department Drug Data Dive

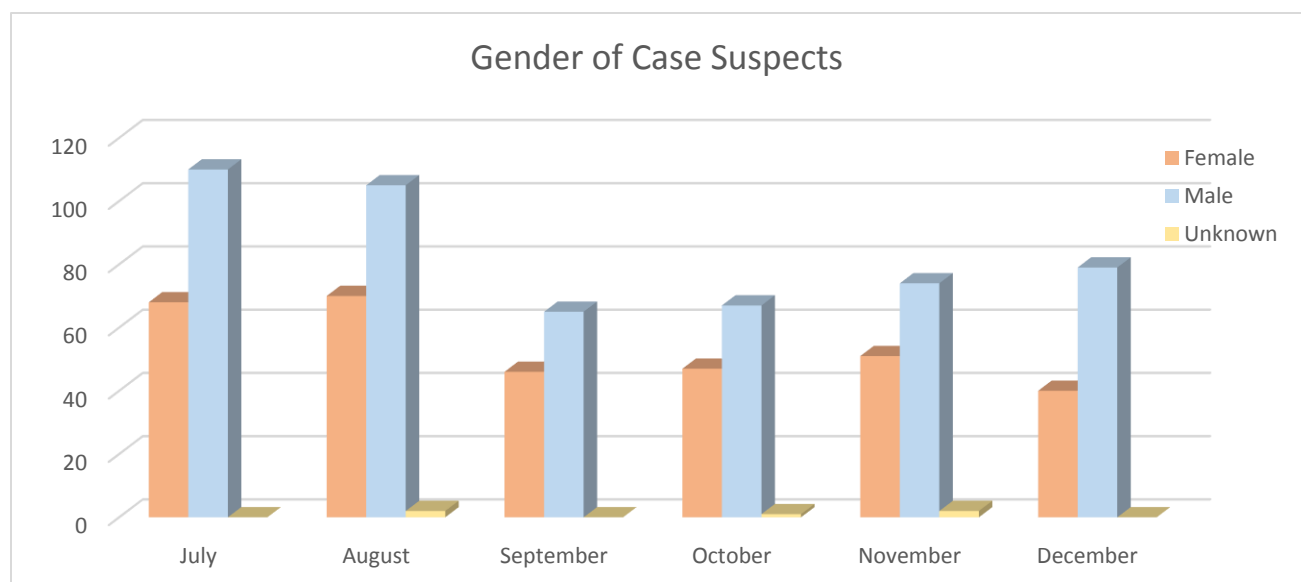
Figure 4.1 below displays the total number of drug offense suspects, the total number of drug offense cases, and the total number of calls that resulted in a case for each month of the third and fourth quarter of 2018 (July, August, September, October, November, and December). The far right column of the chart displays the total number of drug offense cases as a percentage of the total number of cases for each given month.

	Total Drug Offense Suspects	Total Drug Offense Cases	Total Cases	Percentage of Drug Offense Cases
July	178	121	1,686	7.18%
August	177	115	1,660	6.93%
September	111	79	1,524	5.18%
October	109	69	1,446	4.77%
November	127	82	1,505	5.45%
December	119	75	1,480	5.07%

Figure 4.1
2018
Third and
Fourth
Quarter
Drug
Offense
Total
Suspects
and Cases

Figure 4.2 Demographic Data: Gender of Case Suspects

The following graphs and chart (Figures 4.2-4.5) display the demographic data for the case suspects involved in Drug Offense cases in the third and fourth quarters of 2018. The



first graph (Figure 4.2) displays the sex of the individual suspects involved in drug offense cases in the third and fourth quarters of 2018.

For the months of September, October, and November the number of male suspects is only slightly higher than the number of female suspects. For the months of July, August, and December, however, there is a slightly larger disparity, with 110 male suspects and 68 female suspects in July, 105 male suspects and 70 female suspects in August, and 79 male suspects and 40 female suspects in December.

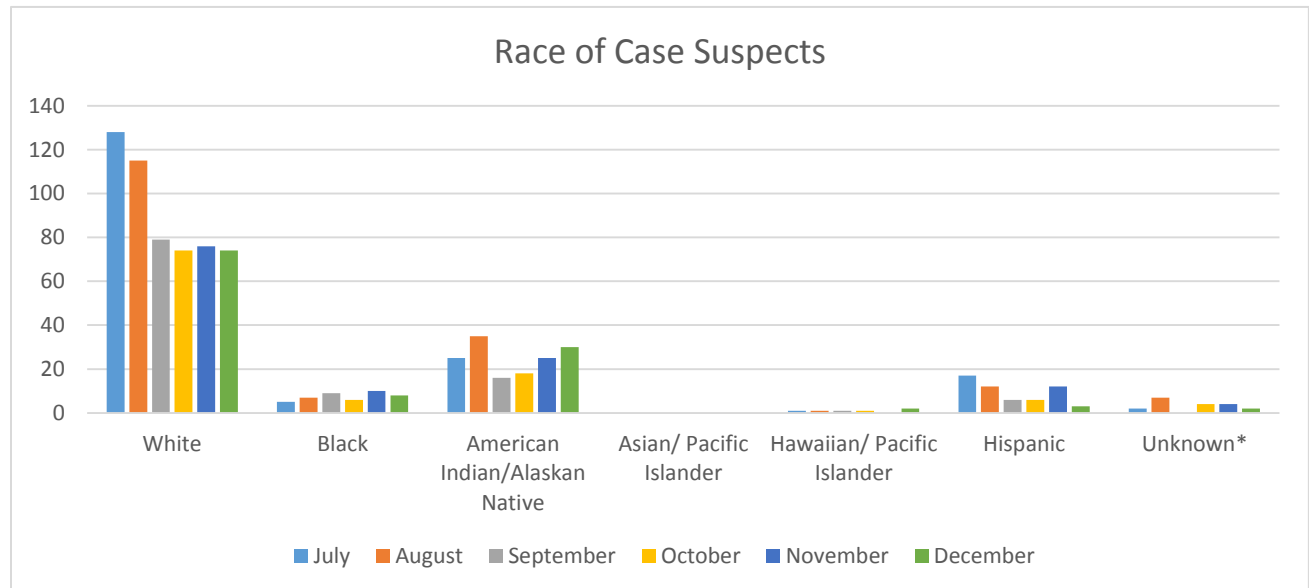


Figure 4.3 Demographic Data: Race of Case Suspects

Figure 4.3 above displays the race of individual suspects involved in drug offense cases in the third and fourth quarters of 2018. There are a large majority of White individuals involved with drug offenses over this six month

period, which correlates with the racial breakdown of Billings, MT being 86% white (according to 2015 census data).

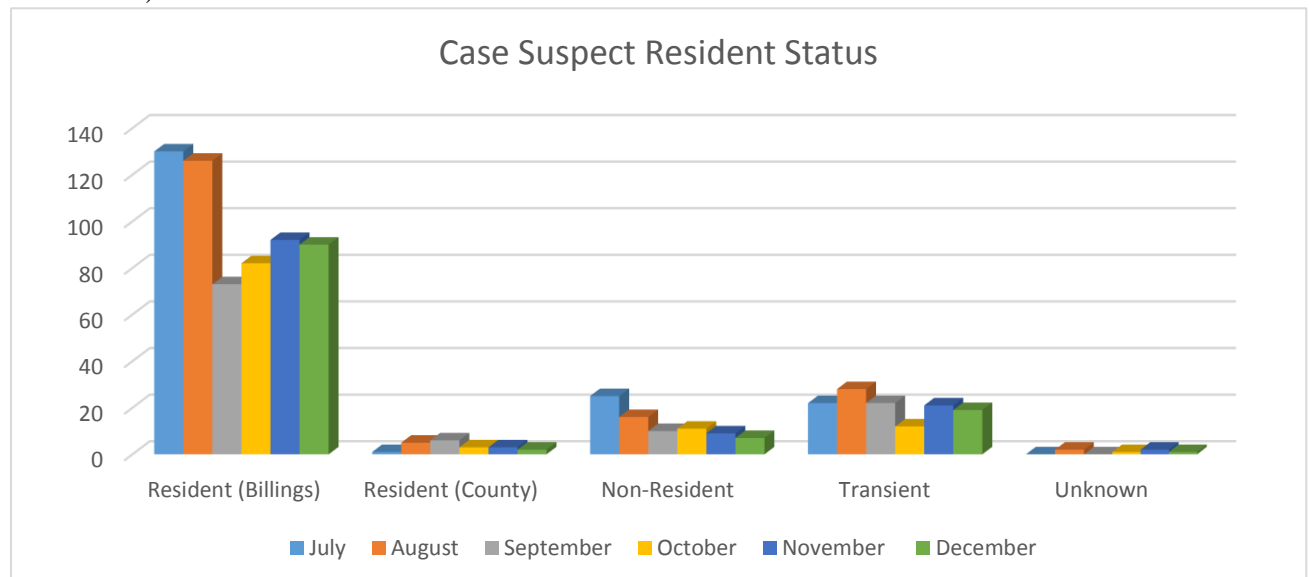


Figure 4.4 Demographic Data: Case Suspect Resident Status

The graph above (Figure 4.4) shows the resident status of the case suspects involved in drug offense cases in the third

and fourth quarters of 2018. It is clear that a majority of case suspects have a residential street address in Billings. This is an important point, considering a number of conversations involving drug crime tend to point out the transient population, which is only a small portion of individuals involved.

Displayed in Figure 4.5 below are the age ranges of case suspects involved in drug offense cases during the third and fourth quarters of 2018. The most populous age group for case suspects is the 22 to 29 age range for the month of September, while the largest age group of case suspects is the 30 to 40 age range

Age	Number of Case Suspects in Age Range					
	July	August	September	October	November	December
12-17	12	7	16	14	8	10
18-21	27	26	14	16	10	18
22-29	49	46	36	24	32	33
30-40	58	50	23	36	46	44
41-50	19	31	13	17	19	8
51 and above	13	15	9	2	10	6
<i>Average (mean) Age</i>	<i>31</i>	<i>33</i>	<i>30</i>	<i>31</i>	<i>33</i>	<i>30</i>

Figure 4.5 Demographic Data:
Case Suspect Age

for July and August, and the fourth quarter. The average age for a drug offense case suspect for the month of July was 31, for August was 33, for September was 30, for October was 31, for November was 33, and for December was 30.

There were a total of 715 unique individual drug offense suspects for the second half of 2018 (not including unknown suspects). There were 186 instances where a previous drug offense suspect, from one of these six months, was charged a second, third, or even fifth time during this same time period. Of those 715 individuals, 82 were a drug offense suspect more than once. Therefore, the recidivism rate for the months of July through December is **11.5%**.

The graph in Figure 4.6 below shows the various scene locations where suspects were found to be in possession of drugs and/or drug paraphernalia and thus charged with a drug offense during the third and

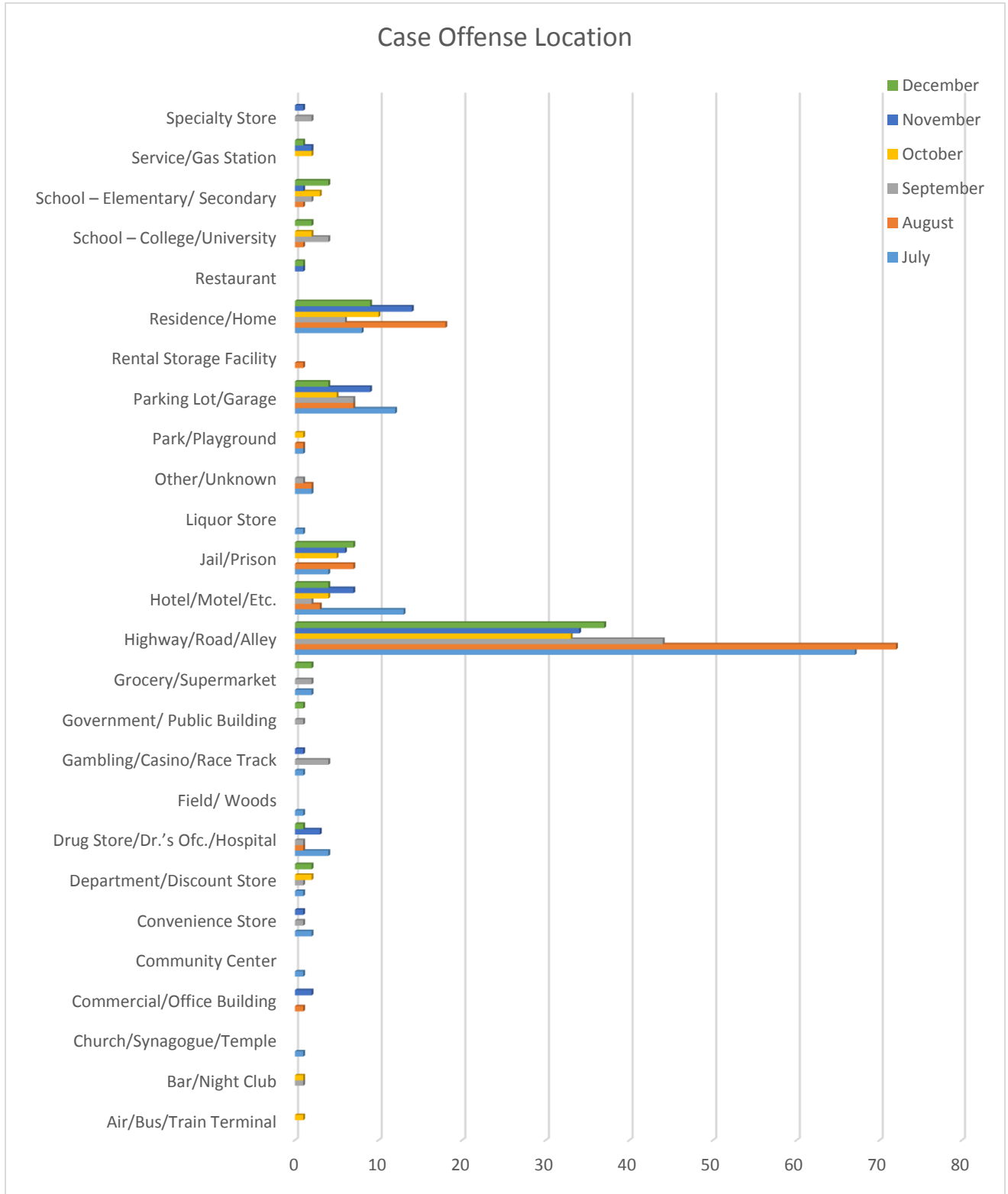


Figure 4.6 Case Offense Location

fourth quarters of 2018. Across all six months, the most cases occurred at a Highway/Road/Alley. The reason Jail/Prison shows

up as a drug offense arrest location here, is that drugs and/or paraphernalia were found on an individual as they were being searched during the booking process.

Figure 4.7 shows the various initial causes of drug offense incidents in the third and fourth quarters of 2018. Across all six months, the number one cause for a drug offense incident was traffic stops. Other common reasons why calls were made to dispatch that resulted in drug cases were Suspected Drug Use, Warrant Investigations, Disturbances, Motor Vehicle (MV) Theft, Drug Investigations (typically involving the Street Crimes Unit), Suspicious Person/Activity, and Welfare Checks.

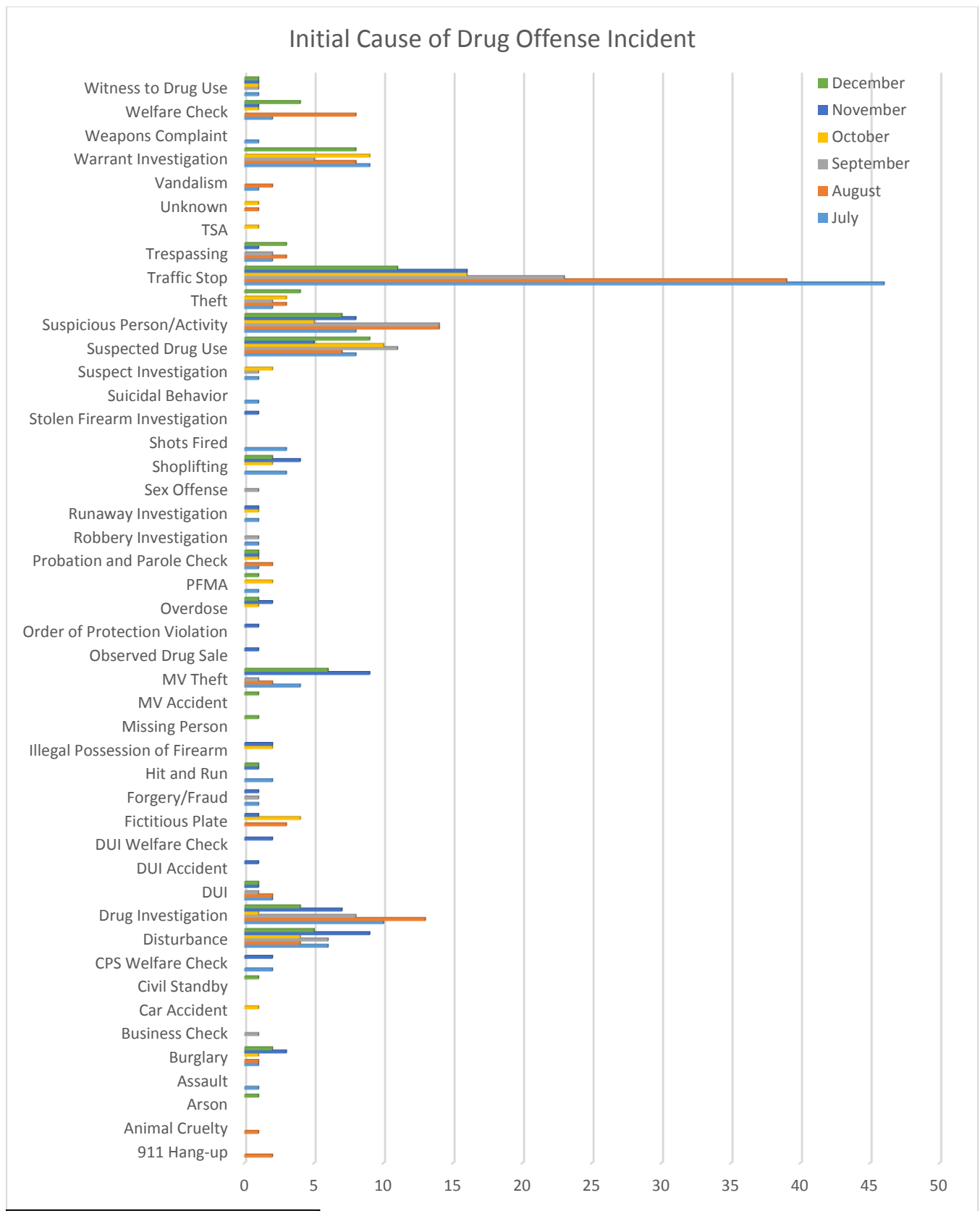


Figure 4.7 Initial Cause of Incident

The six charts, in Figures 4.8 - 4.13, display the top five drug combinations for each month of the third and fourth quarters in 2018. The number of cases corresponds to the number of times a drug offense case involved possession of drugs/paraphernalia related to the specified drug(s). Some of the top combinations

Top 5 Drug Combinations in July 2018	Number of Cases
Methamphetamines	34
Marijuana	33
Marijuana, Methamphetamines	15
Heroin, Methamphetamines	4
Heroin	3

Figure 4.8 Top 5 Drug Combinations in July 2018

combinations included Heroin and Methamphetamines, Prescription Opioids, Methamphetamines and Prescription Opioids, and Heroin.

were not combinations at all, but rather one specific drug. When listed with a comma, the various drugs listed were found in the same case. The top three drug combinations for drug offense related cases for each month were Methamphetamines, Marijuana, and Marijuana and Methamphetamines (not always in this order). The remaining top

Top 5 Drug Combinations in August 2018	Number of Cases
Methamphetamines	48
Marijuana	23
Marijuana, Methamphetamines	10
Prescription Opioids	3
Heroin, Methamphetamines	2

Figure 4.9 Top 5 Drug Combinations in August 2018

Top 5 Drug Combinations in September 2018	Number of Cases
Marijuana	24
Methamphetamines	20
Marijuana, Methamphetamines	7
Heroin	5
Methamphetamines, Prescription Opioids	2

Figure 4.10 Top 5 Drug Combinations in September 2018

Top 5 Drug Combinations in October 2018	Number of Cases
Marijuana	35
Methamphetamines	31
Marijuana, Methamphetamines	11
Prescription Opioids	4
Methamphetamines, Prescription Opioids	3

Figure 4.11 Top 5 Drug Combinations in October 2018

Top 5 Drug Combinations in November 2018	Number of Cases
Methamphetamines	26
Marijuana	14
Marijuana, Methamphetamines	9
Prescription Opioids	2
Heroin	2

Figure 4.12 Top 5 Drug Combinations in November 2018

Top 5 Drug Combinations in December 2018	Number of Cases
Methamphetamines	22
Marijuana	22
Marijuana, Methamphetamines	8
Prescription Opioids	2
Heroin	2

Figure 4.13 Top 5 Drug Combinations in December 2018

The final 6 charts of this section (Figures 4.14 – 4.19) display the top five drugs seized by weight (measured in grams or number of pills) for each month of the third and fourth quarters in 2018. Methamphetamine and Marijuana appear in the top five list for each month. The amount of drugs seized each month varies dramatically, and this is in part due to the consumable nature of these illicit substances, as well as the possibility there may have been a bigger drug investigation going on in a given month yielding a greater quantity of drugs seized, which was the case for July.

Top 5 Drugs by Weight in July 2018	Weight/Amount
Methamphetamines	23,891.17 g
Marijuana	1,558.9 g
Tizanidine Hydrochloride (Muscle Relax.)	164 pills
Heroin	25.15 g
Oxycodone	14.5 pills

Figure 4.14 Top 5 Drugs by Weight in July

Top 5 Drugs by Weight in August 2018	Weight/Amount
Marijuana	458.1 g
Methamphetamines	307.86 g
Trazodone	80 pills
Dianabol (Steroid)	57 pills
Clonazepam	34 pills

Figure 4.15 Top 5 Drugs by Weight in August

Top 5 Drugs by Weight in September 2018	Weight/Amount
Marijuana	657.7 g
Methamphetamines	409.42 g
Xanax	23 pills
Heroin	22.7 g
Prescription Opioids	16 pills

Figure 4.16 Top 5 Drugs by Weight in September

Top 5 Drugs by Weight in October 2018	Weight/Amount
Methamphetamines	203 g
Amphetamines	102 g
Marijuana	51.8 g
Prescription Opioids	51.5 pills
Heroin	46 g

Figure 4.17 Top 5 Drugs by Weight in October

Top 5 Drugs by Weight in November 2018	Weight/Amount
Marijuana	204.35 g
Prescription Opioids	97 pills
Methamphetamines	46.4 g
Antidepressants	39.5 pills
Fentanyl	32 pills

Figure 4.18 Top 5 Drugs by Weight in November

Top 5 Drugs by Weight in December 2018	Weight/Amount
Heroin	185.5 g
Marijuana	168.59 g
Methamphetamines	136.42 g
Clonazepam	107 pills
Alprazolam	39 pills

Figure 4.19 Top 5 Drugs by Weight in December

Section 3: Substance Abuse Connect Interviews

AmeriCorps VISTAs worked in cooperation with the United Way of Yellowstone County for the duration of their service year. The United Way hired a consultant, Katie Loveland, to write an assessment report for substance abuse in Yellowstone County and AmeriCorps VISTAs assisted in part by conducting seven interviews *with individuals with lived experience of methamphetamine abuse who live in Yellowstone County*. These interviews were conducted separately and aimed to gather more information about four major themes regarding methamphetamine use:

- 1.) While many young people experiment with drugs like alcohol and marijuana, most do not go on to use methamphetamine; what was different that made you start using methamphetamine?
- 2.) What is the connection between methamphetamine and violent crime?
- 3.) What has helped you when you have experienced periods of sobriety?
- 4.) What recommendations do you have for a coalition to help other people who are experiencing addiction to methamphetamine?

While each interviewee had a unique experience, there were some themes that were consistent among the majority of individuals. The first commonality was that the majority of interviewees had some form of serious trauma in their childhood. Specifically, six out of the seven participants reported some form of sexual, emotional, or physical trauma that took place before age 13. The severity of the traumas with participants was noteworthy; for some participants, this was a sexual assault and for others it was having parents that were cooking meth in their home or abusing alcohol. There is a well-known correlation between childhood trauma and substance abuse and this correlation appeared strong among interview participants.

Another important theme observed among interviewees was early initiation of substance use, such as drinking alcohol or smoking marijuana around age 13. Six of the seven participants mentioned alcohol and/or marijuana use by the age of 13. Following this early initiation, patterns of substance use varied, with some quickly graduating to harder substances such as methamphetamine by the age of 15 while others stuck with only alcohol and marijuana into their middle 20s.

When asked about the connection between methamphetamine and violent crime, all participants quickly admitted that the connection exists and is strong. One participant explained that because methamphetamine can keep users awake for days without eating or resting, users become very agitated and paranoid. After this methamphetamine binge there is a period of withdrawal known as a “comedown,” and during this period users are very susceptible to violent outbursts. During this withdrawal, many meth users will do anything to get more of the drug, including committing theft or robbery. Interview participants also noted that the method of intake can influence violent behavior. Users who snort (inhale through the nostrils) or smoke the drug experience a less intense high than those who use the drug intravenously (injecting). Intravenous methamphetamine use, known as “slamming,” provides the most rapid and intense experience; intravenous methamphetamine users generally have more violent tendencies than non-intravenous users.

Interviewees also explained that in Billings many drug dealers are willing to trade methamphetamine for stolen goods. This explained why many meth users are willing to steal inexpensive items from stores like Walmart. One interviewee even noted that some drug dealers will make a list of items they needed from the store (i.e. toothpaste, shampoo, and toilet paper), give it to a meth user, and give them a small amount meth for all of the items. In the end, many said the crime surrounding meth use almost always comes back to money. People who are addicted to methamphetamine use the drug constantly and are always in need of money to get their next fix. Some interview participants even said that they would open up accounts at multiple banks and write checks from one account to the other to get money to feed their addiction.

Each participant was also asked about their experiences with sobriety, and some had more experience than others. At the time of the interview, one woman had been sober for two and a half years and said that she currently works as a licensed addiction counselor (LAC) and helps other people struggling with meth addiction. She dedicated herself to understanding the reasons that she used meth, worked the steps of Narcotics Anonymous, and stopped blaming other people for the problems in her life. Cutting ties with other people who use was another important step to sobriety that many discussed. It can be difficult, but it is important that users who want recovery remove themselves from the company of others still caught up in their addiction.

Finally, interviewees were asked about where funding should be allocated to best address methamphetamine abuse in the county. Each of the participants acknowledged that more needed to be done and most agreed that the best place to affect change would be to increase access to treatment. There are currently many people addicted to methamphetamine who cannot get access to treatment due to limited space and the high cost, so this would be the area that would have the greatest positive effect. Many also said that prevention can help, but it is difficult to do it right. Some participants said that if someone had told them about how meth would ruin their lives they may not have begun using, but others said that they would have started using no matter what.

Transcripts of each Individual SAC Interview are available upon request.

Section 4: Substance Abuse Connect Focus Groups

In collaboration with the Substance Abuse Connect consultant, Katie Loveland, AmeriCorps VISTAs attended five focus groups with individuals connected to the methamphetamine and opioid problem in Yellowstone County. During these focus groups, which were organized and facilitated by Katie Loveland, VISTAs assisted by taking notes and synthesizing the numerous comments into general themes. The five focus groups were with the Billings Region Probation and Parole (P&P) Officers, Billings Drug Court Graduates, Rimrock Substance Use Disorder group, and two groups from Passages, which is a Department of Corrections (DOC) pre-release center for women in Billings. This will be a collection of the most important themes discussed throughout the five focus groups.

During the focus group with Rimrock clients, each individual explained the conditions of their childhood that led up to their substance use disorder. All of the participants had started to use alcohol and marijuana between the ages of ten and fifteen and many had family members with substance use disorders. For some people this was a parent who used alcohol and marijuana, and for others this was a sibling who used methamphetamine. Many of the participants also had some history of childhood trauma. After developing a substance use disorder, all of the participants had spent some time in treatment; for many this meant multiple stays in addiction treatment facilities such as Rimrock. This group recommended that treatment facilities should focus more on teaching people how to live in their communities. When someone is in an in-patient treatment, they do not have access to drugs and are shielded from many triggers to use, but this is not the case when living in the community. Many also expressed that they would like to see more activities available for people who want to stay sober, but also want to socialize. With the overwhelming number of bars and casinos, it is very difficult to find places to socialize that do not revolve around alcohol.

Women at Passages spent a lot of time focusing on problems surrounding the justice system. One of the most ubiquitous problems was that once someone is involved with Probation and Parole, constantly revoking them for dirty urinary analysis tests is not helpful. If the system understood that relapse was a part of addiction, there might be more access to treatment rather than always taking a punitive approach.

There was a general distrust of the justice system and its employees throughout this group, which is somewhat understandable given their current situation in a DOC-run facility. When the women discussed meth use, they first highlighted how available and cheap the drug is in Billings. They also expressed that people who use meth are often using other substances such as marijuana as well. Once someone is caught up in addiction, it is very difficult to get access to treatment. Some even stated that because they could not afford treatment, they needed to commit a crime for the DOC to give them access to treatment. Once in treatment, participants stated that having the right attitude and wanting to get better are the only way for the treatment to work. These women saw grief counseling and classes in criminality helpful. Following treatment, they believed there needs to be more support during the period of transition back into society because during this transition many addicts are particularly vulnerable to relapse. Many felt that they are set up for failure during this point because they are under great financial stress and have little access to transportation and employment opportunities. Finally, and perhaps most importantly, they advocated for more housing for felons. When people are unable to get housing, it makes recovery almost impossible.

The Drug Treatment Court's graduates offered some similar suggestions to the women at Passages; however, many were further in their recovery and had some notable differences in their mindset. In this group, there was a much more positive attitude among all participants; these individuals understood the role that they played in their own addiction. They had a more favorable view of Probation and Parole officers and acknowledged the positive impact that the judges in drug court had on their lives. Individuals in this group acknowledged that consequences, empathy and understanding are all important parts of long-term recovery. They said that effective treatment should stress the development of coping skills and should teach people how to live in their communities. For these people, the Drug Courts helped to teach responsibility, trust, and the importance of honesty while providing them with the necessary support to deal with setbacks such as a relapse. Finally, the group recommended increasing access to treatment for first time drug offenders rather than withholding treatment only for individuals who have a long history of drug abuse.

Finally, Probation and Parole officers discussed how in the last ten years there has been an increase in the purity and availability of cheap methamphetamine in Billings. This methamphetamine is coming from Las Vegas and Salt Lake City because there is such a huge profit margin for people who move the drug into Billings from these other cities. The availability of the drug makes it even harder for people in recovery to enter long-term recovery successfully because so many people in the city are using meth. Another problem is jail overcrowding; as a result of the jails being full, P&P and law enforcement can no longer use 72-hour holds as a tactic to deal with people who are on supervision and that have caught another possession charge. The Probation and Parole office's staff is handling more cases than ever before due to the large number of people on supervision. Unfortunately, they cannot hire enough officers to get their overall case load to within the recommended number, and this stresses the entire system. Officers identified the need for more case managers and Licensed Addictions Counselors (LACs) in Yellowstone County, roles that their office has had to fill despite already being overloaded. The group also discussed the need for a pre-trial intervention program to help reduce the influx of people into the system, which the city does not currently have.

Transcripts of each Focus Group are available upon request.

Section 5: Partnership with United Way Youth Volunteer Corps

In 2018, the United Way of Yellowstone County's Youth Volunteer Corps (YVC) identified a few topics that they believed were important issues the community and their peers were facing. Substance abuse was one of the issues the group identified as a top priority. Via the United Way, VISTAs partnered with the

YVC. Throughout the spring of 2019 AmeriCorps VISTAs worked with the YVC, a small group of students from age 11-18 who have a passion for service learning.

AmeriCorps VISTAs first held a presentation on Substance Abuse in Yellowstone County for the YVC group to educate them on what substance abuse looks like in their area. After the presentation, VISTAs conversed with the group to understand more about how young students understand substance abuse and what they see in their schools. A few weeks later, the YVC held two work sessions where group members worked with VISTAs to figure out different ways to frame the issue of substance abuse. There are numerous causes behind substance abuse, and students are in a great position to articulate these causes because they often have roots in childhood and adolescence.

During a meeting at the United Way regarding the federal Drug Free Communities grant, AmeriCorps VISTAs suggested that the YVC step in to be the youth engagement component of the grant. The YVC founder and leader, Pam Sanderson, as well as one high school member of the YVC, will be named in the grant as coordinators for youth engagement.

DISCUSSION

Section 1: Lifecycle of an Addict

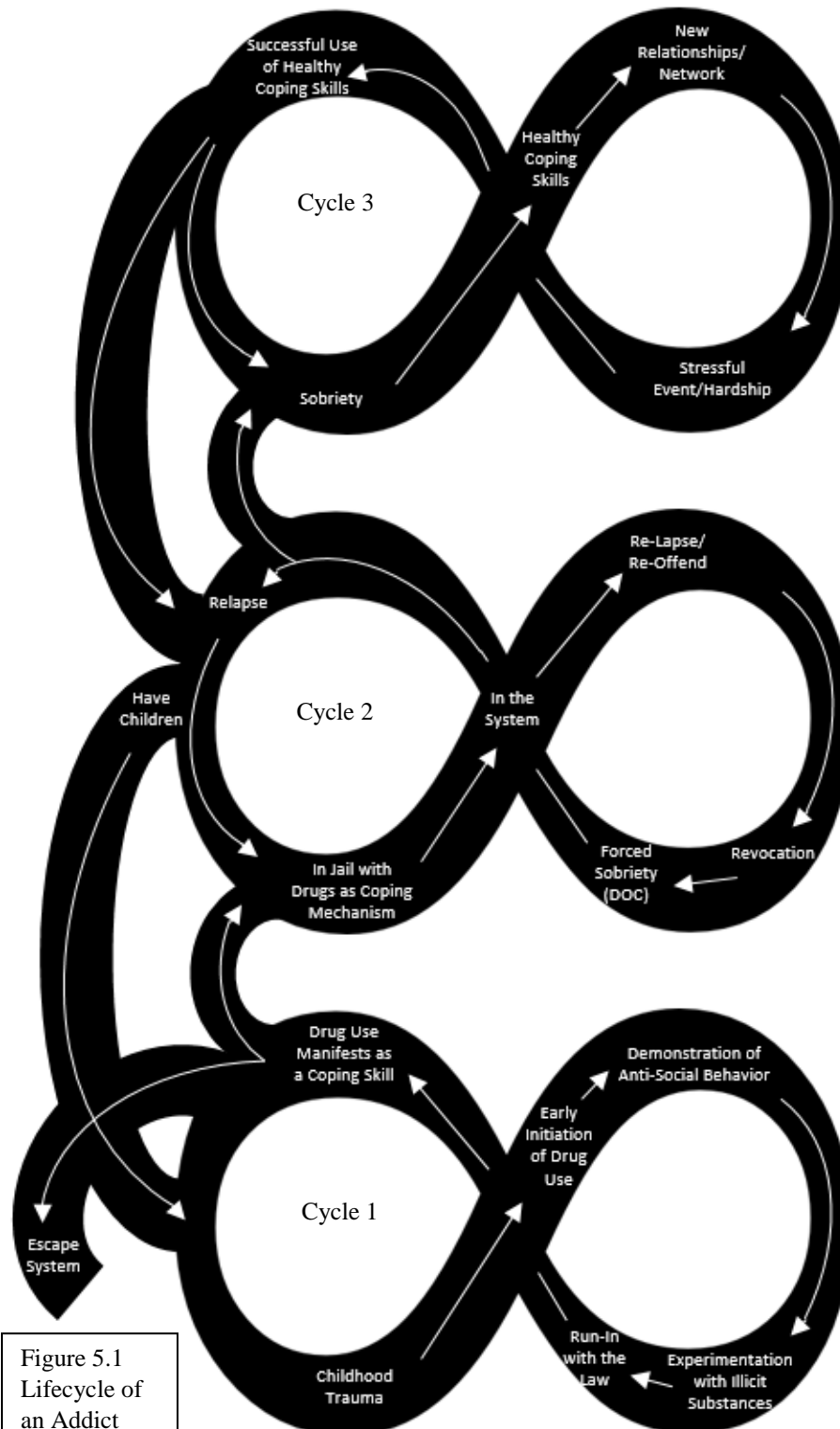


Figure 5.1
Lifecycle of
an Addict

AmeriCorps VISTAs have spoken to well over a hundred individuals with substance use disorders (SUD) in Yellowstone County over the course of the first year of the Methamphetamine and Opioid Responsive Initiative project. While each addict's story is unique, there are some common themes that appear across many stories. It is helpful to highlight these themes because each one can teach something about how drug addiction begins, why it continues, and why some people eventually achieve long-term sobriety while others do not.

VISTAs have created a diagram to try to illustrate what a typical drug user may experience throughout their life with respect to their addiction and how it manifests over time. In this section, Cycles 1, 2, and 3 will be referred to and they correspond with Figure 5.1 on the left.

Drug addiction does not discriminate: both men and women, people young and old, rich or poor, and people of all

nationalities and ethnic backgrounds can develop a substance use disorder. However, certain qualities and characteristics make some types of people more susceptible to developing SUDs than others. One of the most important is that people with a high ACEs score (Adverse Childhood Experiences) are far more likely to develop substance use disorders than people with a low score. ACEs refer to traumatic events that may have occurred in someone's life before they were 18; they are often related to neglect, and physical, sexual, or emotional abuse. As VISTAs have listened to many individuals with substance use disorder tell their story, a large number speak about childhood trauma. Many of these individuals have family members who were using drugs, parents who were divorced, or parents who neglected to care for them or abused them. These types of childhood trauma, which appear in Cycle 1, affect brain development and can affect people for the rest of their lives. According to Dr. Daniel Sumrok of the Center for Addiction Sciences at the University of Tennessee, "High ACE scores also relate to addiction: Compared with people who have zero ACEs, people with ACE scores are two to four times more likely to use alcohol or other drugs to start using drugs at an earlier age. People with an ACE score of 5 or higher are seven to 10 times more likely to use illegal drugs, to report addiction and to inject illegal drugs."³⁷

The next common theme that comes from these stories is experimentation with substances such as alcohol and marijuana from an early age, usually by the age of 13, which appears following childhood trauma in Cycle 1. Research shows that using drugs and/or alcohol at an early age can increase the likelihood of developing a substance use disorder. According to a 30 year observational study published in *Psychology Science* in 2008, "Early-exposed adolescents were approximately 2 to 3 times more likely than non-early exposed adolescents to be substance dependent...and early-exposed adolescents also had significantly more criminal convictions than non-early exposed adolescents."³⁸ The combination of early exposure to substances and increased rates of criminal convictions is highly problematic. Individuals who have felony convictions have much greater difficulty finding employment opportunities and steady housing.

Early and consistent run-ins with the justice system are another common factor among those with substance use disorders. This may begin with simple demonstrations of anti-social behavior at an early age (appearing next in Cycle 1) but often these anti-social behaviors result in criminal activity later in life. This can manifest as drug activity, criminal activity, or both. AmeriCorps VISTAs have heard many stories from users who grew up in Billings who began getting misdemeanor charges for "minor in possession" (of alcohol or tobacco) as early as 12 years old and within a few years were getting more serious charges for possession of marijuana or other illicit substances. This is a pivotal point in the life of a drug user, because if a user gravitates toward substance use as a way of coping with stress, it is highly likely that drug use will worsen in terms of frequency and severity, meaning the user is likely to use harder drugs more often. Stress is a part of life for everyone, and drug use as a way of coping with stress almost always results in serious long-term issues.

Once people find themselves involved in the justice system, it becomes very difficult to break free. Small charges add up quickly, and small fines start to turn into jail time. When users are arrested for drug possession charges, holding a job becomes increasingly difficult leading to further instability. At this point, many people end up on supervision by Probation and Parole in Billings because the county jail is at capacity. Once an individual is in with Probation and Parole, the cycle usually worsens due to the numerous responsibilities for someone on supervision including getting urinary analysis done multiple times a week, checking in at the jail multiple times a week, checking in with the probation officer biweekly or monthly, and any other mandated drug treatment including attending recovery meetings or groups. Many individuals shared that the cycle of being on Probation and Parole and constantly being revoked is frustrating and exhausting and feels like a trap. This is all taking place in Cycle 2. This period can go on for long time depending on whether the user wants to get help or continue on in Cycle 2.

³⁷ Stevens, 2017

³⁸ Odgers et al., 2008

Users caught up in Cycle 2 will do one of two things: they either enter a period of long-term sobriety with the help of various types of support from friends, family, and recovery groups, or they will continue to stay caught up in their addiction, consistently reoffending and being revoked. If they do not chose to attempt long-term sobriety, this cycle can be punctuated by long periods of time in prison. However, if a user grows tired of this Cycle, long-term sobriety is the only alternative. Sobriety does not look the same for everybody; some people say they owe their sobriety to groups like Narcotics Anonymous or Alcoholics Anonymous while others are able to maintain their sobriety without the support of a group. Either way, long-term sobriety is a serious undertaking and almost always involves drug users learning how to use new coping skills to deal with stress, changing social circles, and altering patterns of behavior they may have had for a large portion of their lives. There are recovery groups and treatment facilities that can help individuals with support and the acquisition of new skills that will help them in their sobriety, but unfortunately, treatment is not always an option due to finances or available space. This period of long-term sobriety is Cycle 3 and it takes most people consistent work to maintain their sobriety. Unfortunately, relapse is a part of the disease of addiction and many people relapse at some point during their attempts at staying sober.

Another theme observed during VISTAs interactions with drug users is that many users have children who also struggle with addiction. As was stated earlier, childhood trauma is one of the number one causes of drug addiction, and when a child is born into a home where one or more parents is using illicit substances there is a greatly increased likelihood the child will develop a substance use disorder. If this happens, the cycle will start over again and that child will begin their life in Cycle 1.

Section 2: Dopamine Levels

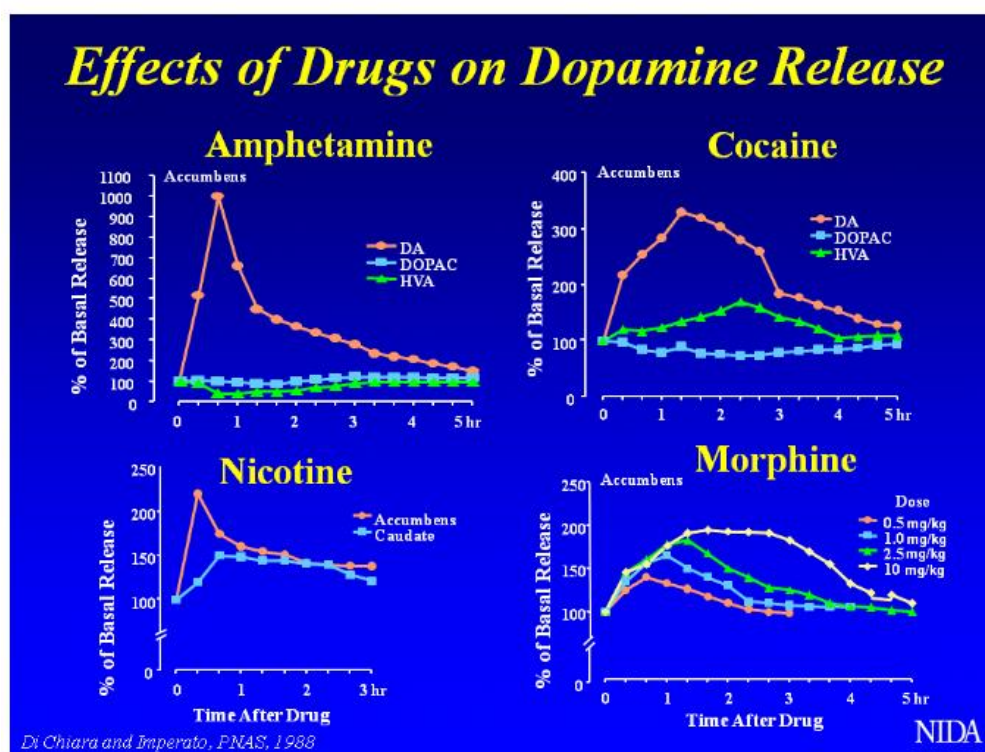


Figure 6.1 Effects of Drug Use on Dopamine Release Levels

One of the most important reward pathways in the brain is the dopamine system. Understanding how much dopamine levels change after drug use can help one understand how difficult battling drug addiction can be. As shown in the top left graph of Figure 6.1³⁹, after consuming methamphetamine, a type of amphetamine, dopamine levels rise to 1000% of their baseline units. Dopamine is

³⁹ Di Chiara and Imperato, PNAS, 1988

typically released in the brain when people perform actions that are beneficial to survival, including eating, sleeping, and exercising.⁴⁰ Drugs like meth and opioids (bottom right graph of Figure 6.1) hack this system, causing users to associate use of the drug with survival. This is why meth users typically lose concern for other essential activities like eating and sleeping. One could probably imagine how difficult it would then be to suddenly stop using meth, after experiencing such a high level of reward.

Section 3: Rat Park Study

The understanding that most people have today about addiction stems from a series of studies that were conducted in the United States in the 1960s that sought to understand how drug addiction works in human beings. At that point it was understood that when certain people used certain types of illicit drugs, a portion of the population eventually became dependent on those drugs. These psychological studies aimed at learning more about the mechanism behind drug addiction used rats in cages to simulate a human that might become addicted to a substance. The rats in small boxes had little room to move around and were hooked up to an apparatus that allowed the rats to self-administer different types of illicit substances when they pressed a lever. They would often also have access to a lever that, when pressed, would release a food pellet. Unsurprisingly rats who were subjected to these experiments would almost always press the lever that administered the given drug until they died.

The conclusion reached from these experiments was that the drugs the rats had access to, were so powerful and addicting that mere exposure to these drugs caused addiction. This might seem like a reasonable conclusion given the results of the experiment (rats overdosing on drugs), but years later some of the scientists involved in those studies decided to try a different experiment. These scientists, led by a researcher named Bruce Alexander, believed that those initial experiments could not be used to draw conclusions about how drugs affect human beings because humans are not locked in small boxes with access to only food and addictive drugs.

Between 1978 and 1981, this group of researchers created a study that they called Rat Park where they took a number of male and female rats and placed them together in large open topped wooden boxes that had food, drinking water, toys, as well as access to drugs in the form of morphine laced water. In this study the rats were living in a paradise compared to the rats who were isolated in individual small boxes. It simulated the complexity of humans living in the real world who have a lot of things going on around them. In this study, although the rats tried both the normal drinking water and the morphine laced water, none of the rats continued to take the morphine laced water until they overdosed and died.⁴¹

This study is an important step toward building a more complete understanding of how drugs affect human beings. The researchers concluded that when humans live in a positive environment with healthy activities and positive relationships, dangerous and addictive drugs do not have the same effect that they do for humans who are in a negative environment. This calls into question the conclusions of the original rat addiction study: does exposure to addictive drugs always mean that addiction for the user is inevitable? For the scientists who conducted that study, the answer was a resounding “Yes.” The Rat Park scientists however, disagree. They believe their study shows that the addictive nature of drugs can be influenced by improving the quality of life for people who are at risk for addiction. In the world of addiction research, one might say that increasing an individual’s *protective factors* and reducing their *risk factors* can reduce the chance that they will develop a substance use disorder.

⁴⁰ Psychology Today.com, “What is Dopamine?”

⁴¹ Alexander, 2010

CONCLUSION

Section 1: Successes

There are many successes within the community with respect to its ability to deal with the current drug problem. These successes fall under one of four categories: conversations, law enforcement initiatives, intervention strategies, and availability of resources.

Conversations

Community Innovations (see State and Local Initiatives for specific information): This monthly meeting, hosted by the Downtown Billings Alliance (DBA), is well attended and has representatives from numerous non-profits, hospitals, and related organizations. This group is evidence that there are people in the community who care about this issue and are actively working toward finding solutions. Community Innovations is a great place for stakeholders to bring new ideas and share information about work their organizations are doing. Communication is one of the most important tools that a community has for addressing large issues such as drug addiction. Community Innovations provides a platform for communication to occur among stakeholders.

Substance Abuse Connect (SAC) (see State and Local Initiatives for specific information): This group, which is hosted by the United Way of Yellowstone County (UWYC), is spearheading many local initiatives to help the community address the drug problem. The consultant hired by UWYC is Katie Loveland, who is tasked with completing an assessment for substance abuse. SAC's existence is also testament to the fact there are many individuals in the county who care about this issue.

Law Enforcement Initiatives

Proactive Policing: The Billings Police Department (BPD) uses "proactive policing." Proactive policing first engages the public in law enforcement efforts by keeping them informed. Second, proactive policing keeps a strong officer presence in the community to prevent crime from happening. The BPD is also strong on traffic violation enforcement, which helps pull a lot of drugs off the street each month. In fact, traffic stops are the number one way that drugs are pulled off the street.

Project Safe Neighborhoods (PSN): Data is being actively collected to better understand the relationship between violent crime and methamphetamine (See State and Local Initiatives).

Intervention Strategies

Treatment: Billings has some of the best addiction treatment facilities in the region, for example, Rimrock, which caters to people with drug and alcohol addiction, and dual-diagnosis patients with both substance abuse and mental health issues. The organization serves clients from throughout the state of Montana and from across state lines. Alternatives Inc. has two pre-release programs, one for men and one for women in Billings. The women's program, Passages, helps provide a structured environment for its inmates that helps them learn skills necessary to live a positive life once they complete their sentences. This includes job training, classes that teach inmates coping skills, and classes to help inmates figure out root causes of their substance use disorders. The male program, Alpha House, is similar to Passages. These programs help alleviate stress on the jail and the probation and parole systems.

Peer recovery groups/meetings: There are many peer recovery groups throughout Billings. These groups are an important tool for individuals struggling with substance use disorder. They provide support for their members and allow people with similar experiences and issues to help each other. VISTA members attended the White Eagle Talking Circle recovery group and the Dual-Recovery Anonymous Group numerous times to learn more about how they work. The groups, while similar, cater to different populations. The White Eagle Talking Circle is a Native-American based group that attracts Native peoples who are struggling with addiction and provides them with a group that understands the importance of their culture in their recovery. The Dual-Recovery Anonymous group is hosted by the Community Crisis Center and caters mainly to people who are struggling with a mental health diagnosis and substance abuse issues. This group is secular/non-religious and holds meetings twice weekly at the Community Crisis Center. The Phoenix, a recovery gym, helps provide a different type of support for people in recovery. They focus on getting their clients active and in shape, which is a positive outlet and coping mechanism for addicted persons.

Drug Treatment Court: Billings Adult Municipal Treatment Courts host a drug treatment court that helps provide structure and support for adults who pled guilty to crimes related to their drug and alcohol use. The court can mandate urinary analysis to keep participants honest, and sends its participants to various types of treatment programs. These courts are voluntary and demand a lot of work and dedication from its participants; however graduates of the program consistently credit the court with their ability to attain long-term recovery.

Availability of Resources

Food, Clothing, Shelter: Numerous organizations help individuals with food, clothing and shelter in Billings. The Community Crisis Center, the Montana Rescue Mission, the HUB, Family Services, St. Vincent De Paul, and the Salvation Army are just a few organizations that help individuals with these important aspects of life. When individuals who are struggling with drug addiction are unable to meet their basic needs, it makes recovery much more difficult.

Section 2: Gaps

Resource Maps

Increasing Accessibility: Organizations that provide services for addicted persons can be an invaluable part of the solution to drug related issues in Billings. However, it is important these organizations are accessible to those who need them.

AmeriCorps VISTAs helped to update organization contact information forms for MT211. The forms were delivered during a presentation to Community Innovations in February 2019. Those in attendance were shown how to update their organization's information on MT211, a website and call center that helps provide information about local non-profits and service providers. The database is an improvement upon more traditional printed "resource maps" that often contain information that quickly becomes out of date and inaccurate.

Education and Prevention

Gen Z Influence Meter⁴²: “Parents ranked highest for delivering effective anti-smoking, anti-alcohol, and anti-drug messages” with teachers ranking a close second. This study emphasizes the importance of parents talking with their kids about the dangers of drug and alcohol use. When kids learn about drugs in school, they often feel disconnected from the material, and while they are learning about these substances, the importance of abstinence from drug use is often lost. Parents have a great deal of influence over their kids, and if they take the time to speak with their children about drugs use, their children are that much less likely to start using a dangerous substance.

Intervention

Harm Reduction: 17.6% of individuals surveyed report having contracted an illness from *unsterile intravenous drug use* (i.e. Hepatitis C, HIV). This illustrates it could be important that a conversation about needle drop boxes and a needle exchange start in Billings. Drug use harms those who use drugs, but also have the potential to harm other non-users in the community if harm prevention tactics are not deployed properly. A needle exchange is a harm prevention strategy used by many cities throughout the country; they provide clean needles for intravenous drug users to mitigate the risk of spreading blood borne illnesses such as Hepatitis C and HIV. Needle exchanges can be seen as controversial because some see it as a way of encouraging drug use. However, this is not the case. Drug users are going to continue using drugs whether they have access to clean needles or not. Providing clean needles to individuals who are already using drugs intravenously simply lessens the chance that they will contract or spread serious diseases. The needle exchange can also act as a resource for users who are ready to seek help for their addictions. The organization can put users in contact with treatment facilities and other important resources.

Medical Billing for Treatment: For a person with substance use disorder, it is important that treatment be available as soon as they are ready for it. Unfortunately, with the complexities of medical billing today, just because someone is ready to go into treatment, does not mean they can enter treatment that same day. In most situations, paperwork must be filled out and submitted to Medicaid, Medicare, or a private insurance company. It can take days to receive paperwork back from these entities. In some cases, an entire week can go by between the moment an addict is ready for treatment and the day they walk through the door. For many, this wait time is too long and the window of opportunity is missed. Finding a way to reduce the wait time for those entering treatment would go a long way in ensuring people get the help they need when they need it.

Sober housing: Sober housing has been one of the most frequent topics to arise during the conversation about substance abuse. Unfortunately, once an addict has started to collect felony charges for offenses such as drug possession, or possession with intent to distribute, it becomes very difficult to find an apartment. There are very few rental agencies that will rent to a felon, and if an addict is fortunate enough to find a place that will rent to them, they have to worry about being able to make the monthly payments. Both of these issues can stand in the way of the individual’s ability to enter long-term recovery. This is where sober living homes enter the picture. Sober living homes cater to the needs of people dealing with addiction and help them by providing housing and a community of people dealing with similar issues. It is believed vital for individuals in recovery to be surrounded by others who are dealing with similar issues. Sober living can provide this type of environment. Many sober living homes also mandate that you work and pay rent; however, the rent is much more manageable than rent would be in other locations. This type of support can be essential for offenders who will soon be re-entering society after a jail or

⁴² The Gen Z Influence Meter, MDR Fall 2018 Research Study

prison stay, or for other homeless peoples struggling with an addiction. Rimrock used to run many sober living houses in Billings, but in the winter of 2017-2018, they gave up management of these establishments. During focus groups, AmeriCorps VISTAs learned many individuals in the recovery community wish there were more sober living options in Billings. There is a possibility there is enough sober living, but there may be a lack of accessibility.

Aftercare and gradual transitions: For many people, addiction starts early in life with drugs such as alcohol and marijuana. It is common for people to start experimenting with these drugs as early as 11 or 12 years of age. When this happens, there is a significant impact on the development of the brain and the individual may have a much greater risk of developing substance use disorder later in life. Additionally, many skills necessary for an adult to possess are never developed. Things as simple as having a weekly, or daily schedule to follow (i.e. wake up at 7am, go to work from 8am-5pm, go home, cook dinner etc.) become very difficult for these individuals. As is often the case with addicted persons, a great deal of their lives are spent in “the system”, whether that be in jail, prison, or on probation/parole. Following this period in their life, the transition back into society can become highly tumultuous. Whether it be someone is going from prison, a pre-release center, probation/parole, or graduating from a drug treatment court back into society, there is frequently trouble going from a program with frequent monitoring and support to a life without this accountability. While treatment programs and drug courts follow up with or track graduates, many individuals have said they would like more support during this transitional period. When that accountability and support is gone, many crumble under the pressure and lack of structure and reoffend. More may need to be done to keep these individuals accountable and provide structure during their transition. This might take the form of continual urinary analysis drug screenings, or continuing to go to Alcoholics Anonymous/ Narcotics Anonymous (AA/NA).

Stigma: 38% of individuals surveyed identified “asking for help” and 28% identified “feeling judged” as the most difficult aspects of recovery. These two survey results shine light on the stigma that exists among people dealing with a drug addiction. In the majority of cases, someone with substance use disorder will need help to kick their habit. This might mean seeing a therapist, attending inpatient or intensive outpatient treatment, or perhaps receiving some kind of chemical treatment such as methadone or Suboxone. However, when people feel so ashamed of their addiction that they are too embarrassed to ask for help, they probably will not receive help. Fighting the stigma of addiction is a difficult task, but it is something to which everyone can contribute. When the topic of drug addiction arises, it is important that people be aware of how they speak and be cognizant that their words contribute to the overall narrative of addiction. Addiction is a disease, it is not a lack of willpower or a moral flaw in one’s character. People who are suffering from drug addiction need help and continually stigmatizing drug users does not help anyone. Although it may be difficult, it is important that people speak about addiction as a disease that people can fight and overcome.

Cash Handout Awareness Campaign: With all the food, clothing, and shelter resources that exist in Billings, there is no need for the public to give cash handouts to people on the street. It is difficult to see another human being living in poor conditions; however in a large number of these situations there is a substance abuse contributing to that individual’s situation. When people receive cash handouts from others, they often use the money to fuel their addictions. That money does not go toward new clothes, food, or shelter. There are organizations throughout the city where people can access free food, clothing, and sometimes even shelter. Providing resources and service information is more constructive.

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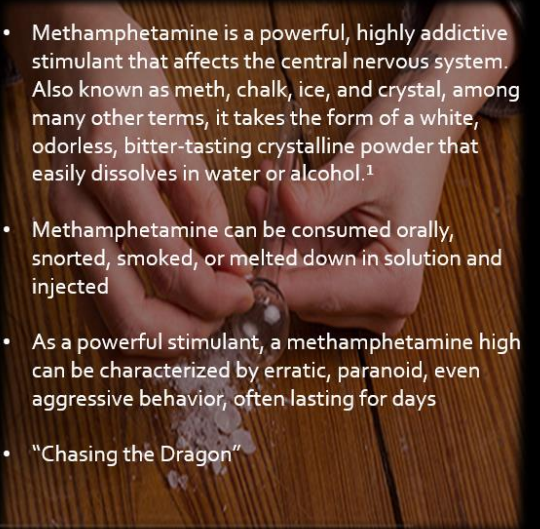
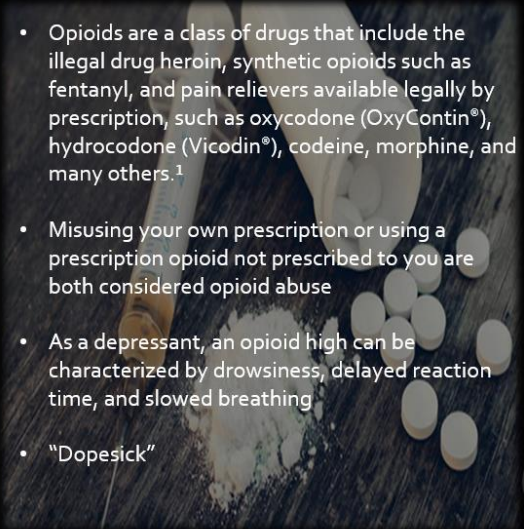
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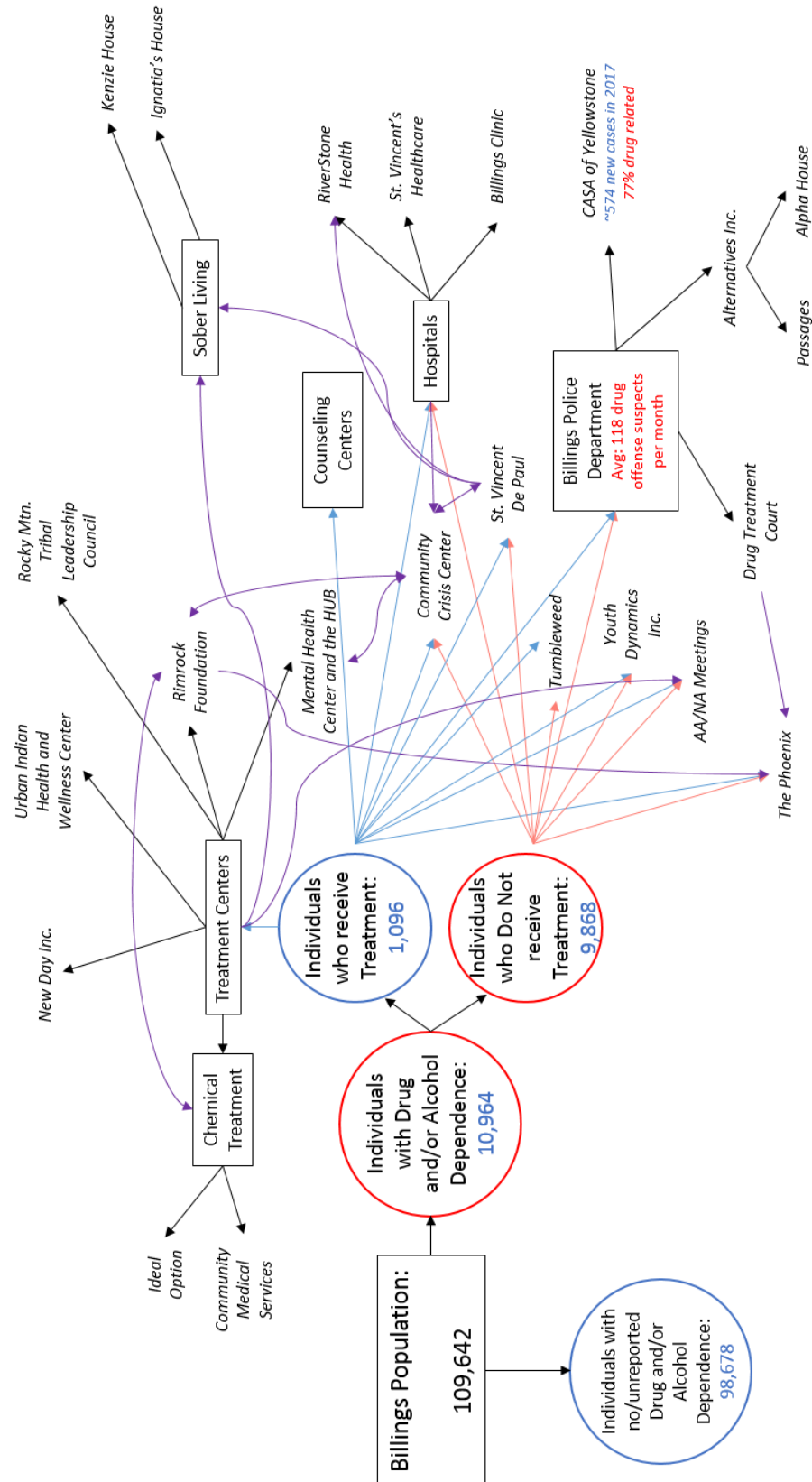
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TABLES AND FIGURES

Methamphetamine vs. Opioids

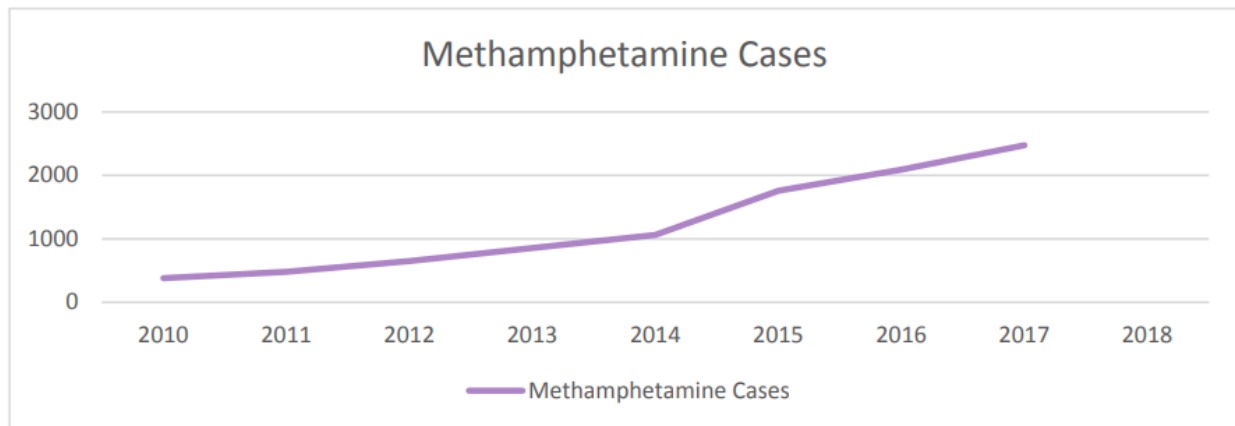
Methamphetamine	Opioids
 <ul style="list-style-type: none">• Methamphetamine is a powerful, highly addictive stimulant that affects the central nervous system. Also known as meth, chalk, ice, and crystal, among many other terms, it takes the form of a white, odorless, bitter-tasting crystalline powder that easily dissolves in water or alcohol.¹• Methamphetamine can be consumed orally, snorted, smoked, or melted down in solution and injected• As a powerful stimulant, a methamphetamine high can be characterized by erratic, paranoid, even aggressive behavior, often lasting for days• "Chasing the Dragon"	 <ul style="list-style-type: none">• Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others.¹• Misusing your own prescription or using a prescription opioid not prescribed to you are both considered opioid abuse• As a depressant, an opioid high can be characterized by drowsiness, delayed reaction time, and slowed breathing• "Dopesick"

Service Providers Concept Map



Forensic Science Division Case Statistics

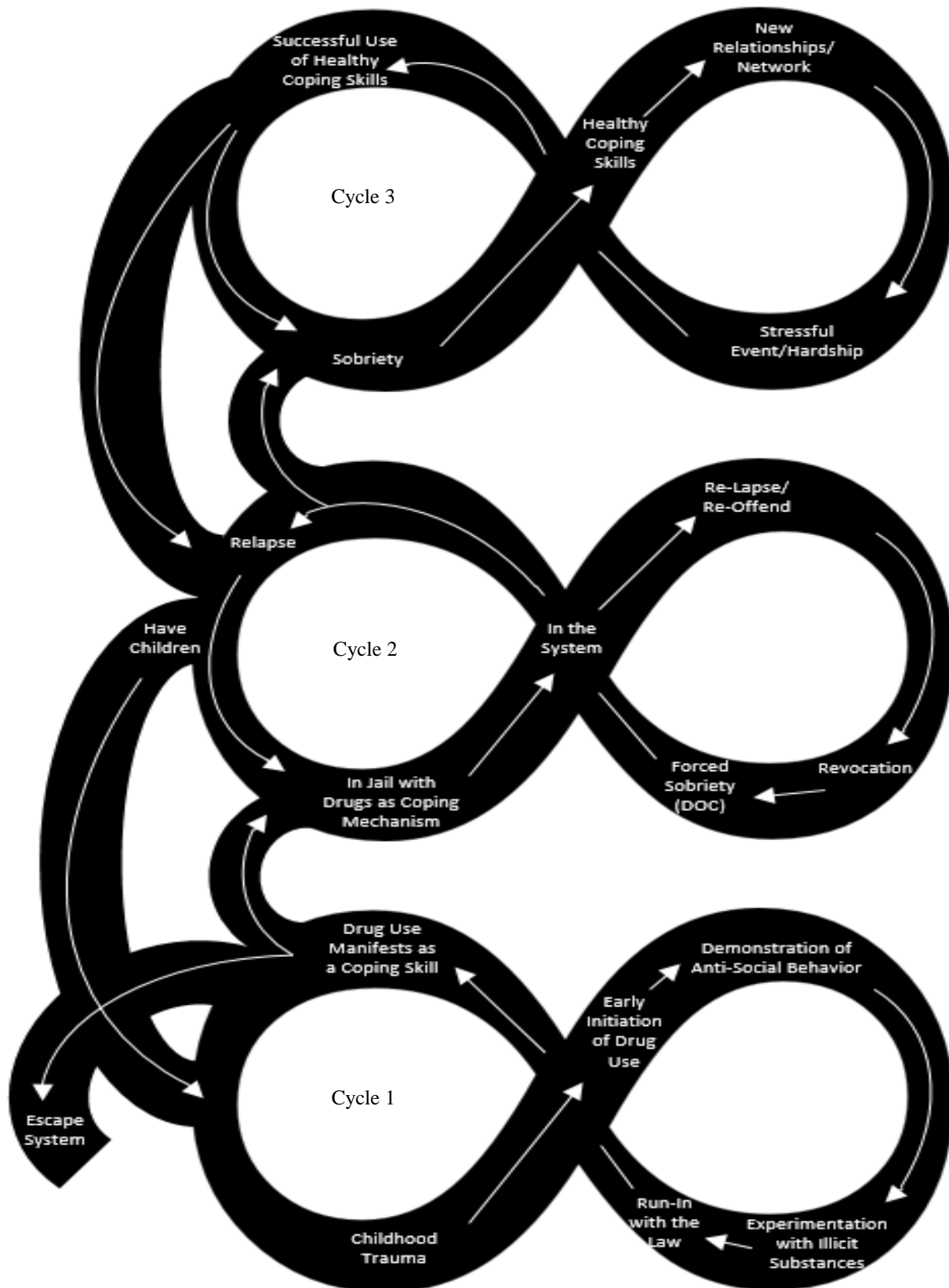
Year	Meth	Heroin	Fentanyl	Hydrocodone	Oxycodone	Buprenorphine	Morphine	Synthetic Cannabinoids
2010	381	8	5	73	104	13	48	1
2011	480	23	6	84	117	19	49	14
2012	651	60	4	103	87	19	45	94
2013	858	49	5	75	72	14	27	27
2014	1061	50	9	44	56	16	16	27
2015	1758	133	4	37	65	21	26	16
2016	2093	282	9	33	80	19	26	11
2017	2475	307	20	52	56	44	22	13
2018	Report will be updated at later date once cases are all finalized							



Community Health Needs Assessment Chart

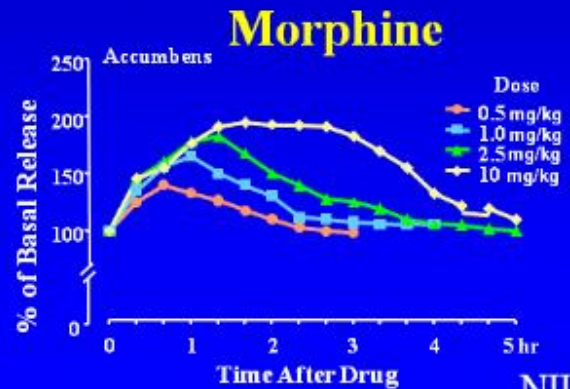
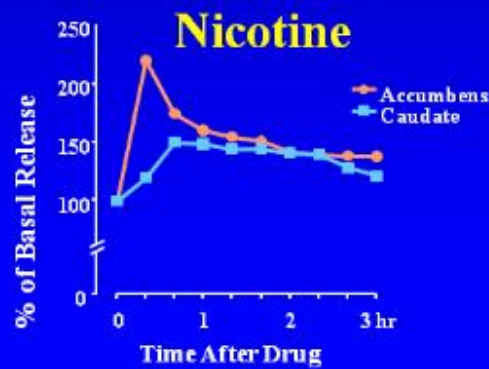
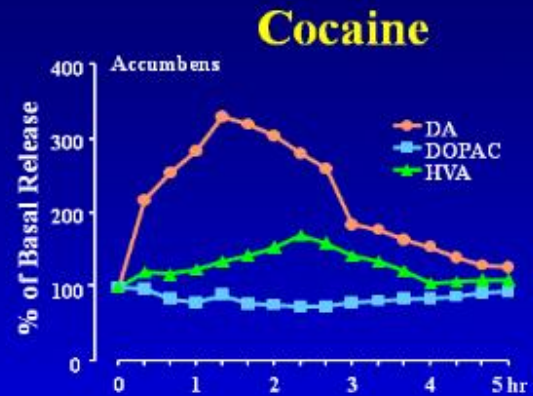
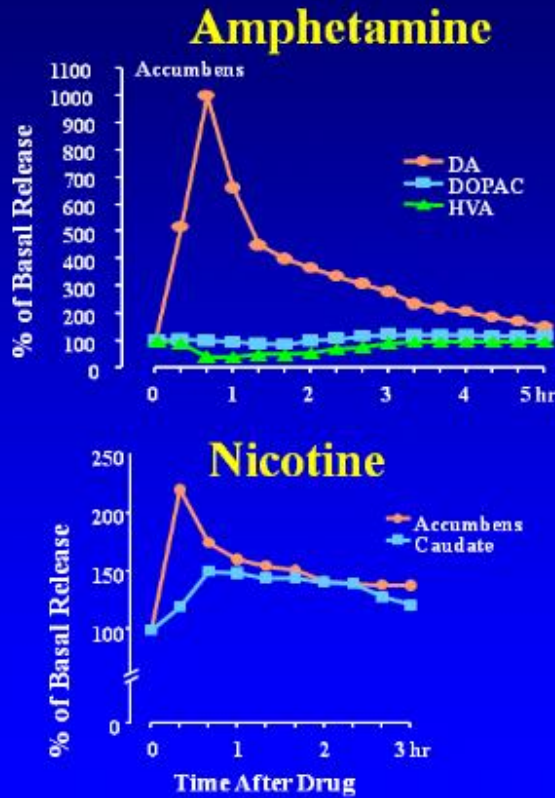
COMMUNITY HEALTH NEEDS ASSESSMENT									
Substance Abuse	Yellowstone County vs. Benchmarks			Yellowstone County Trends					Baseline vs. Current Data §
	Yellowstone County	vs. MT	vs. US	vs. HP2020	2006 vs. 2011	2011 vs. 2014	2014 vs. 2017		
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	12.9	12.6	10.2	8.2					(11.4 vs. 12.9)*
% Current Drinker	60.5	59.6	59.7		(57.4 vs. 58.5)	(58.5 vs. 59.7)	(59.7 vs. 60.5)		(57.4 vs. 60.5)
% Excessive Drinker	20.3		22.2	25.4	(17.2 vs. 14.7)	(14.7 vs. 19.9)	(19.9 vs. 20.3)		(17.2 vs. 20.3)
% Drinking & Driving in Past Month	2.3		4.1		(2.9 vs. 2.6)	(2.6 vs. 3.1)	(3.1 vs. 2.3)		(2.9 vs. 2.3)
Drug-Induced Deaths (Age-Adjusted Death Rate)	16.4	14.6	14.6	11.3					(13.1 vs. 16.4)*
% Illicit Drug Use in Past Month	1.0		3.0	7.1	(1.6 vs. 1.0)		(n/a vs. 1.0)		(1.6 vs. 1.0)
% Ever Sought Help for Alcohol or Drug Problem	3.7		4.1		(3.8 vs. 4.8)	(4.8 vs. 5.2)	(5.2 vs. 3.7)		(3.8 vs. 3.7)
% Life Negatively Affected by Substance Abuse	45.5		32.2						
§ For survey indicators, this represents baseline findings (earliest year available) vs. 2017 (current findings). For secondary data indicators (those marked with a **), data years can vary, but typically represent a span of 7 to 10 years.									
		better	similar	worse					

Lifecycle of an Addict Model



Effects of Drugs on Dopamine Release

Effects of Drugs on Dopamine Release



Di Chiara and Imperato, PNAS, 1988

NIDA